





Understanding differing experiences of ageing: people with learning disabilities and their family carers

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# Understanding learning disabilities





#### What is a learning disability

- Living with a learning disability is different for everyone because of different conditions, contexts and communities across the country
- People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complicated information or interact with other people
- Some people with a learning disability may have difficulty with everyday activities for example household tasks, socialising or managing money. Other people may need to be fully supported for their whole life.
   ( Definition from Mencap's website)
- Additional issues such as physical and sensory disability, communication difficulties and autism
- 1.5 million people in the UK have a learning disability



#### What this may mean

- Ongoing need to make the case for funding from social care (and sometimes NHS Continuing Healthcare)
- Dependency on parents in adult life: family carers often the main advocate
- Lifetime of uncertainty about the future
   But also,
- Already have experience of using social care system when reaching older age- may have direct payments, 1-1 support, or shared support. Family carers also familiar with the system
- May be used to shaping services, 'speaking up' e.g. advocacy groups



Understanding ageing for people with learning disabilities





#### **Ageing**

- People with learning disabilities are living longer: understanding and good practice around ageing needs developing
- People with learning disabilities usually experience biological processes of ageing at a younger chronological age than rest of population
- Higher risk of developing dementia than general population & at younger age
- Lack of active planning for older age within services (milestones such as children leaving home, retirement usually missing)
- Learning disability often remains main focus of concern and support

#### Similarities and differences

- Many of the experiences of people with learning disabilities as they age will be similar to those of the rest of the population.
- However, there are also significant differences that people with learning disabilities may have compared to others, e.g.:
  - Unlikely to have worked: little or no savings, no connections with excolleagues, no sense of retirement
  - Unlikely to have had children: support network mainly parents and paid services



#### Approaching older age with many disadvantages

- Disadvantages in many aspects of life:
  - Financial
  - Housing
  - Health
  - Emotional support
  - Friendships and relationships
  - Support network
  - Community connections



# Highlighting some of the issues





#### Housing

- Very low level of home ownership: often group living and without choice about who to live with
- May be only older person in a shared house- need for adaptations to environment, routine and activities can get overlooked
- People living in a flat on their own- isolation, anxiety
- Poor support to make choices about whether to move and where to move to when getting older



#### Health and well-being

- Increased likelihood of experiencing health problems and having them to greater degree than general population (poorer healthcare, lack of accessible information re healthy lifestyles, lack of finances to make healthy choices)
- Die considerably younger: females 27 years younger, males 23 years younger (NHS England LeDeR reports)
- Department of Health focus on improving this e.g. Annual Health Checks, investigating deaths
- In older age, not accessing preventative healthcare/people they know not talking about older age including physical and emotional changes



#### Accessible environment

- Often rely on public transport, particularly buses- may only be able to travel with support. People travelling on own, rely on helpful staff and general public. Reliance on families driving, especially in more rural areas
- Need for easy-to-understand signposting outside and in buildings: importance of people to ask/ receptionists
- Advocacy groups often campaign around transport issues in their local areas...and nationally, e.g. fought to save ticket offices at train stations
- Accessible toilets e.g. Changing Places campaigns initiated by family and friends of people with profound and multiple disabilities: currently over 1,200



#### Older family carers

- Sometimes people with learning disabilities remain living with a family carer (usually a parent) who is in their 70s, 80s, 90s
- Person with a learning disability may become the carer or mutual caring develops
- Lack of planning and co-ordination across learning disabilities and older people's services to create a manageable situation- fall between gaps
- Person with learning disabilities or carer may develop dementia: complex caring relationships



Implications for partnerships, policies and practice





#### Accessible information



- Importance of Easy-read information:
  - Short, simple sentences (with only one clause/ one idea)
  - Simple clear image that gives visual clue to meaning of words
- https://abilitynet.org.uk/factsheets/whateasy-read
- Important in services, such as health, transport, housing and leisure
- Important in consultations



#### Citizenship and being connected

- Thinking about how to include people with learning disabilities likely to lead to inclusion of others e.g. limited reading & writing skills, memory problems
- Make links with local advocacy and self-advocacy groups- experience of consultations and campaigning. "Nothing about us without us"
- Inclusion in social groups- thinking about what might help, e.g. idea of 'buddies', walking groups may be preferable for those who find social interaction difficult
- Creating opportunities to contribute
- Having a friend who looks out for you often changes the life of a person with learning disabilities



#### Health and well-being

- Preventing ill-health and reducing risks of serious health problems e.g.
  - Groups that talk about growing older (positives, negatives, possible solutions), falls advice, importance of hydration and healthy eating
  - Activities to encourage healthy lifestyles: sitting yoga, walking groups, cook and share groups
- Written prompts, information to actively take part
- Finding 'buddies' who support each other: mutually beneficial



#### Supporting older family carers



- GPs knowing about families where the carers are 65+
- Opportunities to talk with others with similar experiences and/or to take time away from caring role
- Planning support through workshops and/or individual support (Thinking Ahead guides provide information to do this)

TOGETHER MATTERS

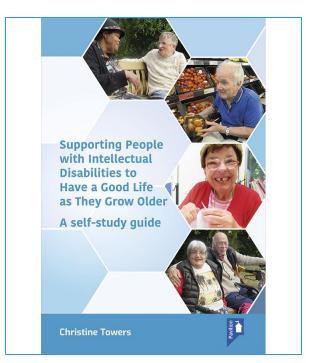
 Having an emergency plan in place to prevent crises lan's perspective on ageing

Additional resources





#### Ian's Experience of getting older



- Ian Davies, self-advocate for over 30 years and founding member of Northamptonshire People First
- Shared his experiences of growing older and thoughts on good support: informed training pack for Pavilion Publishing
- "It's the first time anyone has spoken to me about getting older and it's got me thinking about lots of important things":



#### lan's thoughts on growing older

I'm still active, independent and involved in lots of things.

At the same time life has changed as I've got older.

It takes me a lot longer to get things done and I feel less confident

I'm aware my life is going to change even more.

#### My worries about where I live in the future

There will be big decisions to take such as where I might live

When I can't live on my own, life changes completely

Will someone do an assessment and say I should no longer live on my own but need to live in a home? What would a home be like?

Will I have enough money? How will it work?

Film clip: Where will I live?

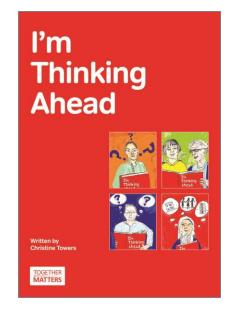
<a href="https://vimeo.com/375624818/9d0a70">https://vimeo.com/375624818/9d0a70</a>
b9d7

#### Free resources at https://www.togethermatters.org.uk

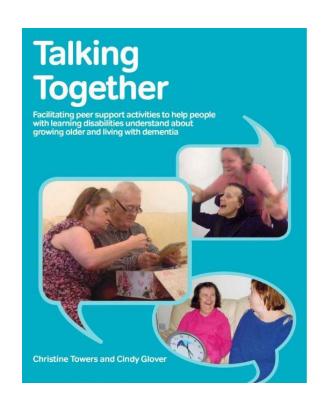


physical disabilities in Essex





# Talking Together: peer support activities to understand about growing older & dementia





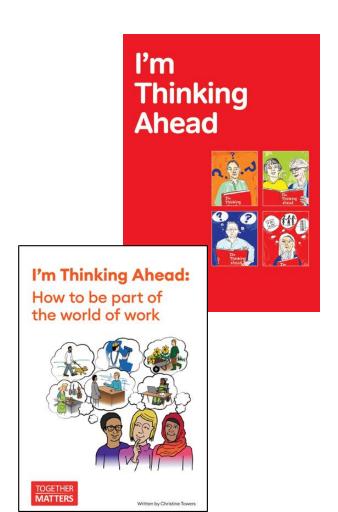
20 activities for people with learning disabilities to talk together about growing older. Includes:

- Good things about growing older
- Visible and invisible signs of ageing
- Losing things
- Making a memory box
- Creating a friendly home environment
- Relaxation

All resources at:

https://www.togethermatters.org.uk/resources-and-information/

#### I'm Thinking Ahead: Easy Read guides



- Ideas for talking with people about topics important to them. Sections on:
  - How to plan
  - How to make choices
  - How to get the right housing and support
  - How to be part of the world of work (includes ideas about how to connect with your local community, e.g. volunteering, community mapping)

# Shaping My Future: a guide for people with physical disabilities in Essex



Choosing which tools to use You are likely to find some of these tools more useful than others. The table below gives a brief description of them to help you decide which ones you would like to try. What's working well and To gain an overview of how things are going in various areas of your life. To think about 9 what you want to hold onto (or develop) and where you want to make changes. To get the right balance between what's important to you (what you enjoy, gives your life meaning) and what's important for you (what keeps you safe and well). To get the right support for both aspects of your life. What makes a day (or week) If you are finding that things sometimes go wrong, particularly in your day-to-day go well/what makes a day routines, it can help to figure out what causes this and make changes to minimise (or week) go badly the problems. You can also identify what makes the day go well and make sure this My typical week If you feel a bit stuck in your weekly routine, or don't have enough time to do the things 20 you want to, mapping it out can help you work out where you could make changes. It may help you to think of different ways of using any support you get from others. Hopes and aspirations To hold onto your hopes, ambitions and aspirations and make plans to achieve them. 22 for the future To identify what causes you concern or worry when thinking about the future, with the Fears for the future aim of taking steps to prevent those things happening and/or limiting their impact.

- Guide written with disabled people in Essex
- Section 1: Planning for change: getting started
- Planning tools to help people reflect on their life that can be used at any time of life – could be used in older age

#### Focus of work of Together Matters

- People with learning disabilities having opportunities for a good life —as defined by them
- Planning for the life they want
- Getting good support to live their life
- Having a voice
- Inclusion: being able to access services, activities and events; right to reasonable adjustments
- Active citizenship e.g. work, volunteering, campaigning, voting



#### Additional resources

- Learning Disability England: <u>Learning Disability England Stronger, Louder, Together!</u>
- Let's Talk about Growing Older blog (about talking to Ian and others):
   Let's Talk about Growing Older Learning Disability England
- NICE guidelines: Care and Support of People Growing Older with Learning Disabilities(2018) <a href="www.nice.org.uk/guidance/ng96">www.nice.org.uk/guidance/ng96</a>
- Schepens HRMM, Van Puyenbroeck J & Maes B (2019) How to improve the quality of life of elderly people with intellectual disability: A systematic literature review of support strategies. <a href="https://onlinelibrary.wiley.com/doi/abs/10.1111/jar.12559">https://onlinelibrary.wiley.com/doi/abs/10.1111/jar.12559</a>



# Pride in Ageing





## Including LGBTQ+ over 50s



# Lawrie Roberts He/him

**Pride in Ageing Manager** 

### How big is the LGBTQ+ population?

- In the 2021 census around 1.5 million people (3.2%) identified with an LGB+ orientation ("Gay or Lesbian", "Bisexual" or "Other sexual orientation").
- •3.6 million people (7.5%) did not answer the question around sexual orientation.
- •Around 262,000 people (0.5%) said their gender identity and sex registered at birth were different.
- Nationally 12.8% of LGB people were aged 55+
- Local authorities with above this average populations include Brighton & Hove, Blackpool and various boroughs of London – also areas such as Bradford, Cheshire East, Dorset, Cornwall, Wiltshire, Wirral





## Acknowledging the impact of legal change

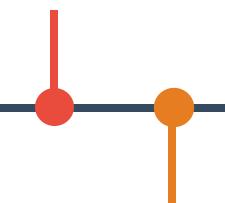


1967 – England decriminalised homosexuality between two men

1992 – The World Health Organisation no longer lists homosexuality as a mental illness

**2003** – Section 28 repealed

**2010** – The Equality Act provides protection against discrimination



1980 – Aversion therapy is offered as a cure for on the NHS for homosexuality

2000 – LGB people allowed to openly serve in the armed forces

**2004** – Civil Partnerships came into effect

2018 – The WHO no longer lists trans identities as a mental illness

"I can remember a time when the number one rule if you were LGBT was **never to talk about it** – because you were **breaking the law**. And although the laws have changed, attitudes haven't altogether.

I was **criminalised** and that can **leave a brand on you**, you never really get rid of that.

....You want to feel that you are surrounded by friendship, love and respect. Yet all of these things can be missing if people slip back into the old attitudes they were brought up with."





### Addressing current issues and inequalities



- Discrimination/hate
- Coming out in later life
- Ageing without children
- Impact of long term conditions
- High levels of poor mental health
- 'Chosen family' support networks/next of kin
- LGBTQ+ Affirmative End of Life Care
- Low visibility of older people in LGBTQ+ spaces
- Invisibility of LGBTQ+ people in older people's spaces
- LGBTQ+ Affirmative Social Care
- LGBTQ+ Affirmative Housing
- Psychological safety at home



- Higher levels of Isolation/Loneliness
- Stereotyping and assumptions by services/lack of monitoring data
- Digital exclusion and staying safe online
- Trans Healthcare

### Top tips on LGBTQ+ inclusion



 Services and policy makers must be pro-active in inclusion of LGBTQ+ communities due to barriers that exist. How do LGBTQ+ communities see themselves reflected in the service or policy?

## Top tips on LGBTQ+ inclusion



 Avoid assumptions — if you are running services use open language until you know more about a person's identity/relationships - if you are a policy maker don't assume everyone is 'heterosexual' or 'cisgender'

### Top tips on LGBTQ+ inclusion



- Where relevant collect and use demographic data in the building of services and policy – to ensure better targeting and to see who is missing.
- Be aware of limitations of LGBTQ+ data.

### **Top tips on LGBTQ+ inclusion**



 Allyship is really important – and there may be local and national services you can connect to for help, support, training and information



### **LGBT Foundation support**



- National charity
- Website lgbt.foundation and helpline 0345 30 30 30
- Pride in Ageing programme now in Greater Manchester and Liverpool
- Hidden Figures Report
- Housing project Russell Road LGBTQ+ Majority Extra Care Scheme
- Training Academy and new Pride in Care Award for Social Care and Housing
- Get in touch at prideinageing@lgbt.foundation







# Ageing with an asylum-seeking background

Insights from older refugees and asylum seekers living in Greater Manchester

Tess Hartland, PhD Researcher

The Manchester Urban Ageing Research Group, University of Manchester

tess.hartland@postgrad.manchester.ac.uk

#### Significance and context

- The number of older refugees and asylum seekers is increasing globally
- They face a multitude of distinct challenges and have specific health needs
- Largely overlooked in policy and practice
- Hostile immigration policies create and sustain uncertainty, risk and insecurity

#### Everyday experiences of uncertainty, risk and insecurity

- Insecure and unsafe housing
- Social isolation
- Financial insecurity
- Language barriers
- Intersectional discrimination
- Mental and physical health challenges

#### Everyday experiences of uncertainty, risk and insecurity

- Insecure and unsafe housing
- Social isolation
- Financial insecurity
- Uncertain futures
- Discrimination
- Mental and physical health challenges

- Frequent, no-choice relocation
- Language barriers; disrupted social networks
- Employment restrictions; loss of a lifetime of assets
- Asylum claim backlog; loss of autonomy
- Age, gender, race...
- Healthcare access; injuries and trauma from conflict/persecution/migration journeys

#### Navigating uncertainty and insecurity

- Older refugees and asylum seekers demonstrate resilience in the face of significant adversity
- They contribute to their communities through small, everyday acts, as well as more formal volunteering and activism
- Voluntary, Community and Faith Organisations provide essential, life-saving support, facilitate collective action and offer help to overcome challenges
- Age-tailored approaches such as supported housing, and social activities are beneficial

#### Key takeaways

- Hostile immigration policies conflict with the objectives of age-friendly communities
- While the needs of older refugees and asylum seekers are often acute, they are rarely addressed
- Listening to their needs and aspirations will likely have positive effects for other marginalised groups of older people
- Collaboration between policy, VCFOs, people with lived experience is essential
- A need for compassion, inclusivity and solidarity in the face of discriminatory and dehumanising practices

#### Echoes of Displacement

A collective story of growing older and seeking sanctuary in Manchester

- Co-produced with older refugees and asylum seekers
- The storyline focuses on 'Camelia' and her journey from arriving in Manchester - through the highs and lows of trying to find belonging in the city, to receiving the letter of the Home Office decision on her asylum claim
- A way of communicating complex and emotional narratives,
   raising awareness and amplifying seldom heard voices





## Agenda

- 11:20- An Introduction to Age-friendly Business Framework
- 11:25- Ice-breaker: Age-friendly Business Bingo
- 11:35- Panel discussion
- Kye Whitehouse: Guest Experience Manager, Trinity Shopping Centre, Leeds
- Rachel Woodward-Carrick: College Director, Bournemouth University International College and Board member of Bournemouth Town Centre Business Improvement District
- Leila Bendrimia: Community Sport and Health Manager for Manchester, Greenwich Leisure Limited (GLL)

12:00- Q&A

12:20- Close

## What do we mean by businesses?































## Why should businesses be age-friendly?

Being age-friendly is good for business, good for people of **all ages** and good for our wider society.

It's good for business

'By 2040, it's predicted that 63p in every pound spent by consumers in the UK will be spent by someone aged 50 or over: it's estimated that total spending by this group will be worth £550 billion.'

It's good for wider society

Supporting people to stay in work, contribute to their communities for longer, and spend their money locally.

To comply with the law

Business and public sector organisations have a legal duty under the Equality Act 2010 and Public Sector Equality Duty.

## Introducing the framework







## Your people

| Content covers                            | For example  |
|---|--|
| Employment practices                      | Be open to flexible working  |
| Training and awareness                    | Provide staff with training about specific health conditions or disabilities |
| Tackling ageist attitudes and assumptions | Use the Age Without Limits resources to raise awareness                      |
| Empowerment and agency                    | Provide knowledgeable customer-facing staff                                  |
| Atmosphere and culture                    | Encourage staff to recognise regular visitors                                |

A 'one size fits all' approach to customer service runs the risk of either excluding the older demographic altogether or, as we have increasingly seen, patronising or dismissive interactions.

Institute of Customer Service



## Your premises

| Content covers           | For example  |
|--------------------------|--|
| Accessibility            | Offer ramped or level access                           |
| Furniture and facilities | Provide seating  |
| Sensory factors          | Ensure areas requiring careful navigation are well-lit |
| Health and safety        | Identify, fix and remove hazards as soon as they occur |
| Easy interactions        | Provide information on how to get about the premises   |

Up to £3.8 billion is lost per year as a result of businesses failing to cater to over 50s with walking difficulties.

International Longevity Centre



## Your communications

| Content covers            | For example  |
|---------------------------|--|
| Easy to find information  | Display information in a range of places           |
| Readability and language  | Use everyday language that avoids jargon           |
| Signs and labels          | Place signs and labels so they are clearly visible |
| Images and representation | Use images of people from a range of ages          |
| Channels and formats      | Offer a range of ways to contact the business      |

Older people are not a single segment. This group is too complex to be stereotyped and too diverse to be second-guessed. Yet that's exactly what some businesses are doing.

Mature Marketing Association



## Your offer

| Content covers                  | For example  |
|---------------------------------|--|
| Giving customers choice         | Prioritise inclusive offers that focus on needs and interests              |
| Designing products and services | Ensure that the needs and preferences of different age groups are included |
| Feedback and improvement        | Give customers the chance to share their views and experiences             |
| Offering incentives             | Give people the chance to try things out                                   |
| Innovation                      | Take an intergenerational approach and blend perspectives                  |

4 in 5 people aged over 55 say their favourite retail brand no longer understands them or what they need.

Centre for Ageing Better



## Your place within the community

| Content covers                   | For example                              |
|----------------------------------|--|
| Knowing your community           | Find out about who lives locally         |
| Increasing social connections    | Encourage people to talk and connect     |
| Collaboration and partnerships   | Work with local businesses to offer more |
| Community engagement and support | Offer volunteering days to employees     |

Tackling social isolation through supporting social contact is an important task in allowing people to 'age in place'. Sophie Yarker

## Ice-breaker: Business Bingo Match the practice to the framework

#### On your tables you have:

- □ 1 x Bingo card with the 5 areas of the framework and their sub-categories
- ☐ 1 x Envelope with a range of real practices implemented
- □ 1 x blank BONUS piece which can be used to note down a great example of an age-friendly business someone on the table might be able to share
- □ 1 x pen

#### **Challenge**

- Working as a table review the different practice examples. You may want to allocate a few to each person.
- See how far you can get matching each practice to its corresponding part of the business framework. Refer to your copy of the resource for support.
- We will see how far each table can get within the allotted time.

### Panel discussion

#### Rachel Woodward-Carrick

College Director, Bournemouth University International College and

Board member of Bournemouth Town Centre BID

#### **Kye Whitehouse**

Guest Experience Manager, Trinity Shopping Centre, Leeds

#### Leila Bendrimia

Community Sport and Health Manager for Manchester

Greenwich Leisure Limited

## Creating age-friendly businesses

#### Rachel Woodward Carrick

- Bournemouth Town Centre BID board member
- Chair of the Age-friendly Steering Group and Forum for Bournemouth, Christchurch & Poole
- Director, Bournemouth University International College
- Author of Happy Silver People



## What exactly is a BID?

- BID = Business Improvement District
- Introduced in England and Wales in 2003 (from Canada via the USA)
- Around 350 across the UK
- Enshrined in national legislation
- Endorsed by the local authority and with shared overall goal but independent
- Has a defined commercial area
- Business led and financed ring-fenced funds are raised from levy payers, based on rateable value
- Range of levy payers: hospitality, retail, leisure, health, education, office, LA, etc.
- Works to its specific five-year plan priorities determined by levy payers
- Needs to ensure its impact is spread across different sized businesses, geographical area, sectors
- Has some paid staff maybe just one person
- Its governance board has sector representatives (levy payers) + LA
- May have community representation on the board or an advisory group.

## What are we doing to make businesses in Bournemouth more age-friendly?











#### Ageing & Dementia Research Centre Bournemouth University

**ADRC** 

#### What could make Bournemouth more age friendly?

Are you 65 or over?

If so, we would welcome your thoughts about visiting your local high street. Your invaluable perspectives will help shape new age-friendly training and guidance for businesses and service providers in Bournemouth town centre, with the aim of making it a more welcoming place for older visitors.

This online survey is being run by ADRC in collaboration with Rachel Woodward Carrick, a board member of Bournemouth Town Centre BID. It should take around 20 minutes to complete, closing date 14 February, Please note that there is no compensation for taking part.

Participate in the survey at:

www.bournemouth.ac.uk/accessing-services



## Why work with a BID?



- Opportunity to make a significant difference for individuals and the community if levy payers get on board
- Access to a range of influencers and doers and their networks
- Access to data about businesses and customer habits plan and evaluate
- Potential for collaborative tendering and delivery
- Probably a head start local authority shared aims; transport; care homes; age-friendly hotels; charities;
   NHS/medical/mobility; FE/HE; etc.

# How could you work well with a BID?



- 1. What economic case can you make? Are there other benefits for the BID in terms of spend, footfall, repeat visits, image, perception? How about the multigenerational aspect?
- 2. What's the BID's particular focus safe and secure, clean and green, events and community, physical environment?
- 3. Who are the levy payers? What's important to them?

# How could you work well with a BID?



- 4. Where are the physical boundaries? What are the implications competition or sensitivities?
- 5. What does the BID consider to be within and outside its scope of responsibility?
- 6. What's the cost to the BID of your proposal money, time, effort?
- 7. How will you evaluate success and enable the BID manager to report back to board on its effectiveness?

# How could you work well with a BID?



- 8. Have other BIDs done this before? Share success stories and good practice.
- 9. What other (free) tangible benefits can you offer? e.g., new collaborations; networking opportunities; media impact; access to the older demographic for research/data; training; info and resources; walking audits...

10 Who is your champion?

## From this...

#### Why do older customers matter?

- the The estimated value of the silver pound in the UK is £43bn, but there are some barriers which hold older people back from spending in the high street.
- the One report calculated high street stores are losing £3.8bn a year simply because they fail to provide elderly people with places to sit.\*
- There is an opportunity to attract new and returning footfall to the town centre by regaining the confidence and interest of older visitors and multi-generational groups.
- His By actively promoting the concept of Bournemouth as an age-friendly destination, the broader impression will be that this is a safe and welcoming place not just for some of the most vulnerable members of our community, but for everyone.



...to this!

<sup>\*</sup>English Longitudinal Study of Ageing and the Office for National Statistics' Living Costs and Food Survey, together with a poll of 1,000 over-70s.

### TRINITY LEEDS



## You said we did?



T



- Free Mobility Hire

Quiet Hours

Large Print Centre Guides

Stoma Friendly toilets

- Bins for boys



## THANK YOU





#### Leila Bendrimia

Community Sport and Health Manager for Manchester, Greenwich Leisure Limited

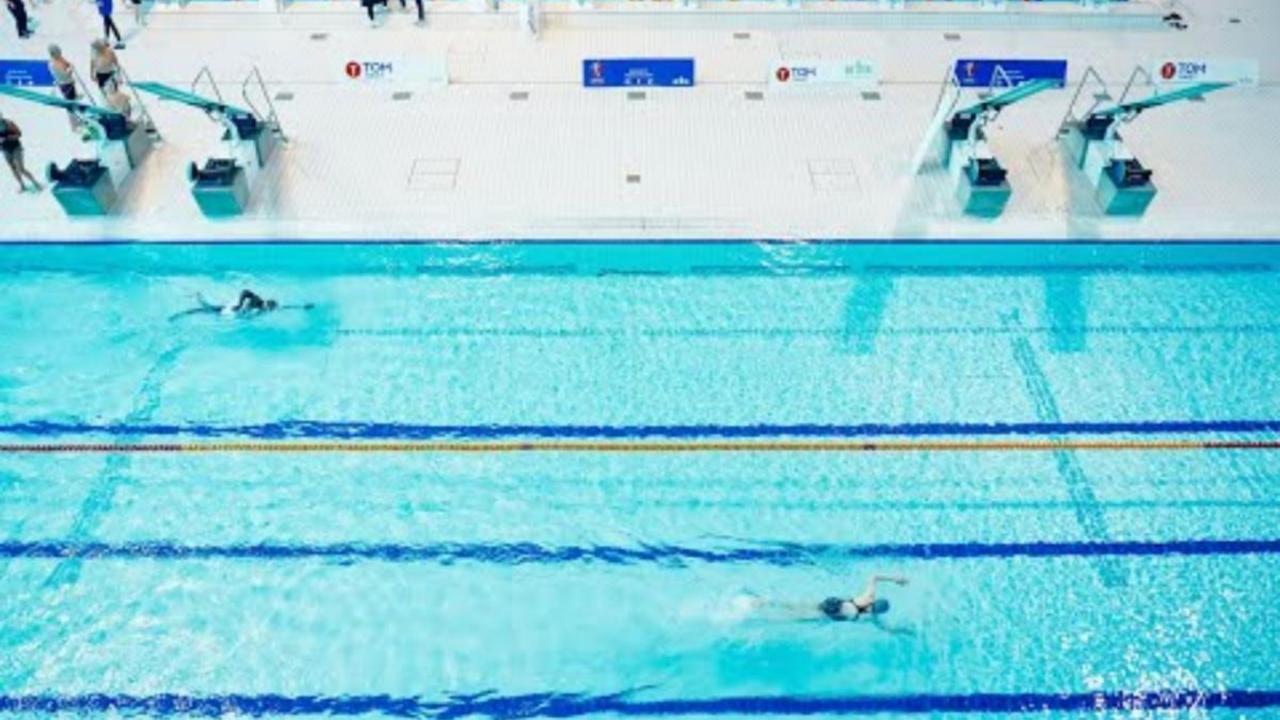
















Age Friendly Futures Summit
Building Age Friendly Communities in a
Rural Context
27th March 2025

## Age Friendly Ireland

Building Age Friendly Communities and Healthy Ageing at Home

Presented By:- Karen Fennessy Regional Programme Manager Age Friendly Ireland







#### **Population Ageing in Ireland**

**Health in Ireland**Key Trends 2023

# Older Persons Information Hub

A snapshot of people aged 65+ in Ireland – who they are and how they live.

833,000 people aged 65 and over in 2024

(15.5% of total population)

Population aged 65+ has risen by over 40% between 2013 and 2023

(higher than the EU average increase of 17.3%)

Healthy-life years at 65 (number of years after 65 that are spent in good health):
Ireland is second highest after
Sweden

1.8 million projected population of 65+ by 2057 (33% of current population)

Life expectancy continues to increase: 84 years (women) 81 years (men) Ireland has the highest selfperceived health status in the EU, with 80.0% of people rating their health as good or very good

#### **Structures & Governance**

Dept of Housing, Local Government and Heritage

Department of Health

Department of An Taoiseach Dept of Rural and Community Development

Department of Transport

Dept of Tourism, Culture, Arts, Gaeltacht, Sport and Media

Health Service Executive Local Government | CCMA

Governance - National Advisory Group

An Garda Siochana

Chambers Ireland

**LGMA** 

**CCMA** 

**PSROG** 

#### Local Implementation



**Programmes** 

Local

- - Age Friendly Housing Technical Experts

• Age Friendly Programme Managers

• Inter-departmental Groups

• Age Friendly Alliances

• Older People's Councils

44 Local Coordinators HAFHs

#### National Implementation

- National Chairs of Age Friendly Alliances
- 6 Regional Programme Managers
- National Network of Age Friendly Programme Managers
- National Network of Age Friendly Housing Technical Experts
- National Network of Older People's Councils
- National NGO Forum
- Healthy Age Friendly Homes Oversight Group

#### Age Friendly Ireland Shared Service | Meath County Council

#### Age Friendly Alliance Members:

HSE, Transport, Older People's Council representatives, An Garda Siochana, University Partnerships, Education and Training Board, Voluntary Organisations

#### **National Advisory Group:**

3 x Local Authority Chief Executives, 4 x Assistant Secretaries, HSE National Director, Assistant Commissioner, CEO Chambers Ireland

#### Meath County Council

Direct Hosting Supports

## Corporate Directorates

- Finance Dept
  Budget Systems/Agresso
  Licence, Legal Counsel
- HR Department Recruitment, Payroll, Counsel
- IT Department
  Hardware, Software,
  Licensing
- Facilities Dept
  Real Estate, Furniture &
  Fittings, Telephones,
  Storage, etc.





**An Roinn Sláinte** Department of Health





An Roinn Tithíochta, Rialtais Áitiúil agus Oidhreachta Department of Housing, Local Government and Heritage



# Healthy Age Friendly Homes Programm Key Aims



1

Enable older people to continue living in their homes or in a home more suited to their needs

2

Live with a sense of independence & autonomy

3

Be and feel part of their communities

4

Support the avoidance of early or premature admission to long term residential care



Enable older people to continue living in their homes or in a home more suited to their needs (Rightsizing)

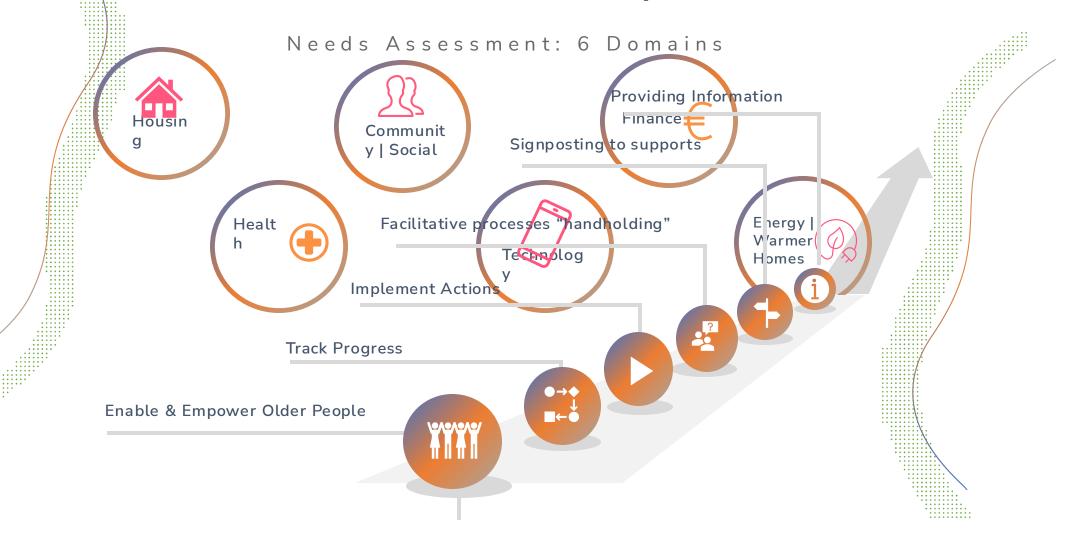






# We are adopting a holistic person-centered approach We will facilitate by







- 44 Local
   Coordinators
- 6 Regional
   Managers
   aligned to
   Regional Health
   Areas
- 16 Admin
   Support Team
   based in AFI
   Shared Service
   Offices Kells,
   County Meath



# Successes of HAFH Programme



- Innovative support coordination service
- Cross-governmental support, touches on many policy priorities
- Programme provides a integrated, personcentred, holistic service
- Enables older adults to 'Age in Place'
- Enables improvement of the housing stock
- Increased longevity of tenancies
- Enables compliance with climate commitments
- Service is cost-effective and efficient
- Increase in early discharge from acute hospitals

## Case Study: Geraldine



Geraldine is a 66-year-old lady living alone in rural County Limerick.

Geraldine was referred to the programme by a **Health Service OT** from the **Primary Care Team**. Geraldine has complex health issues, she suffers from rheumatoid arthritis which severely affects her mobility. As a consequence, she has a bed in her sitting room and uses a commode as she currently cannot get upstairs due to her condition.

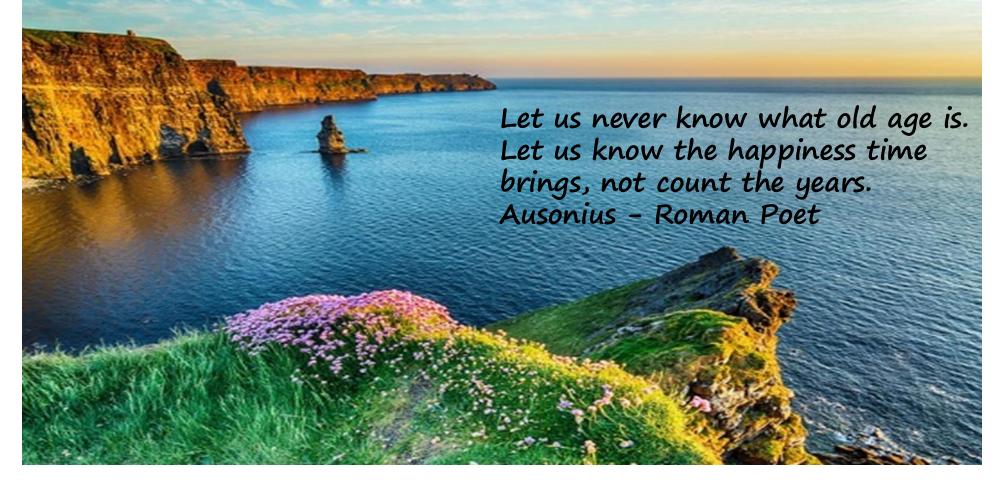


#### **Actions:**

- Linked in with the Housing Department Local authority -Housing Adaptation Grant for a stair lift and an accessible shower in her bathroom. Granted and works complete
- The coordinator assisted Geraldine with gathering the supplementary documentation needed for the application by contacting Revenue and the Local Property Tax in her presence to request statements.
- SEAI Warmer Homes Scheme grant application successful and awaiting works to bring house up to B2 rating.
- Liaised with the local **Care and Repair** team to have 2 smoke alarms and 1 carbon monoxide alarm installed in the home.
- Assisted Geraldine with filling out an application for the State Pension which is approved & payments commenced.
- Telecare Package of PanPan fall detector watch & Age Friendly Tablet.

#### **Outputs:**

Restoration of confidence | Falls prevention | Self worth | Independence, first time up stairs in own bedroom and bathroom for 2 - year period | Avoidance of long - term Care.





# Thank You for listening

Karen Fennessy - Regional Programme Manager Healthy Age Friendly Homes Programme Tel: 00353 46 924 8885

kfennessy@meathcoco.ie



#### Nordic Welfare Centre

- Nordic Council of Ministers
- Our mission is to contribute to the development of welfare initiatives in the Nordic region by compiling and disseminating knowledge.
- Age-friendly communities, dementia, welfare technology and care for older adults are
- Some of our key areas.



# Our vision 2030

#### A green Nordic region

Together, we will promote a green transition of our societies and work towards carbon neutrality and a sustainable circular and bio-based economy.

#### A competitive Nordic region

Together, we will promote green growth in the Nordic region based on knowledge, innovation, mobility and digital integration.

The Nordic region will become the most sustainable and integrated region in the world

# A socially sustainable

#### Nordic region

Together, we will promote an inclusive, equal and interconnected region with shared values and strengthened cultural exchange and welfare.



# Nordic network for agefriendly cities

- Coordinated since 2017
- 20 cities across Sweden, Norway,
   Denmark, Finland and Iceland as well as
   Centre for an Age-friendly Norway and
   the region of Jönköping, Sweden.
- WHO Global Network for Age-Friendly Cities and Communities

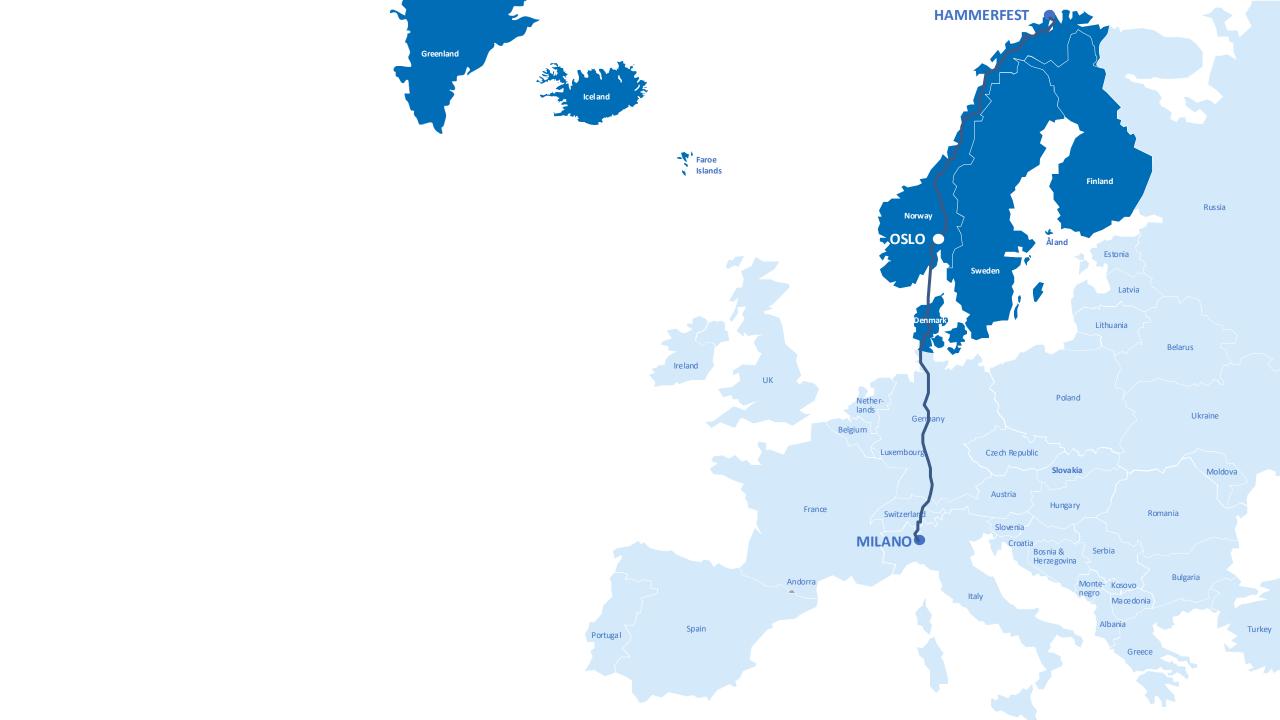


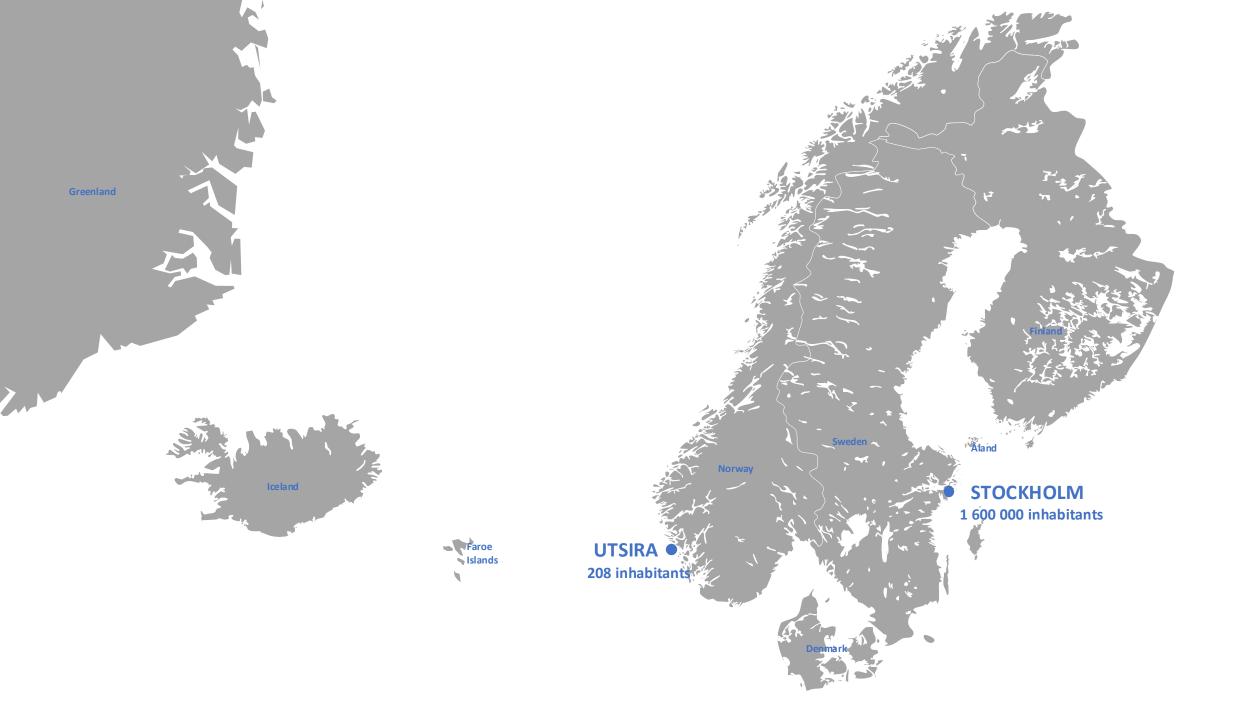
















Total number of inhabitants: >27 million

#### Smaller administrations

- Closer collaboration
- Vingåker, Sweden: *Ecosystem for an Age-Friendly Community:* 
  - Municipal Director, Head of the Community Planning Dep., Head of Culture and Leisure & Head of Social Affairs, Swedish University of Agricultural Sciences, Study Association Vuxenskolan and private developers.





### Creative co-use of location

- Municipality of Vinje, Norway:
  - Senior center and youth center in the same building
  - Shared use and planning for joint activities





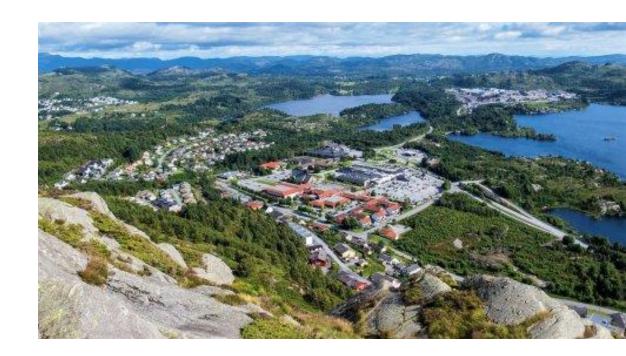
#### Culture on wheels

- Municipality of Klepp, Norway:
  - "Culture on wheels" for 70+
  - Cultural activities
  - The municipality and a local taxi company
  - Volunteers, youth club, staff from home care
  - Plenty of time, coffee and good conversations



#### Seniortaxi

- Municipality of Tysvær, Norway:
  - Seniortaxi for 65+
  - Taxi ride for £3,5 within the municipality, also with wheelchair
  - Collaboration between the municipality and two local taxi companies.



# The "how to's" of public transport

- Municipality of Vingåker:
  - Courses on how to buy a ticket for public transportation (only via app)
  - Trains to neighbouring town
  - How to take the bus when you have been driving your own car for years?





## Do you want to know more?

Nordicwelfare.org

• Facebook: Nordens välfärdscenter

• LinkedIn: Nordic Welfare Centre





# Tak!

Louise Scheel Thomasen
Senior adviser
louise.thomasen@nordicwelfare.org



Comisiynydd Pobl Hŷn Cymru Older People's Commissioner for Wales

# **Building Age-Friendly Communities in a rural context: Wales**

Dave McKinney
Ageing Well Lead

www.comisiynyddph.cymru www.olderpeople.wales

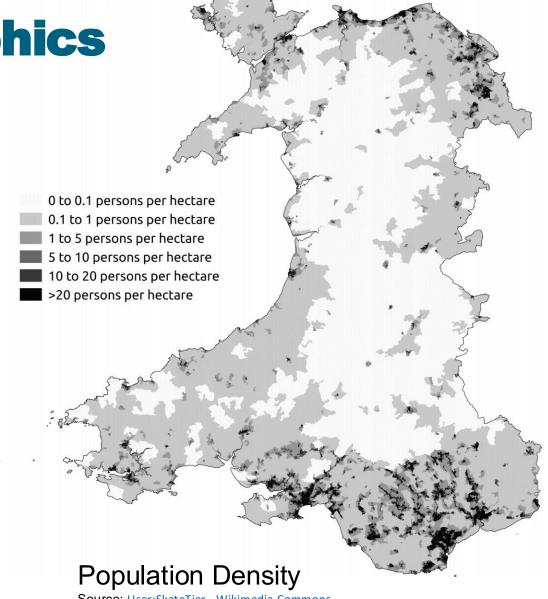


# Wales: Key Demographics

3.13 million people

894k aged 60+, 29%

331k aged 75+, 11%



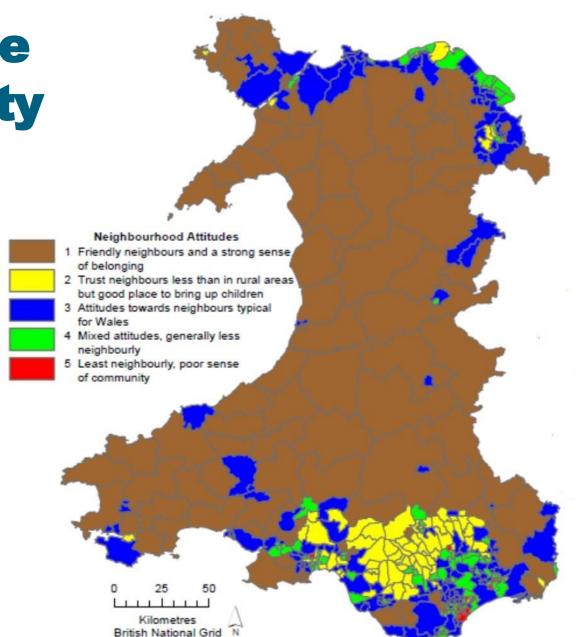
Source: <u>User:SkateTier - Wikimedia Commons</u>

# Wales: Infrastructural barriers









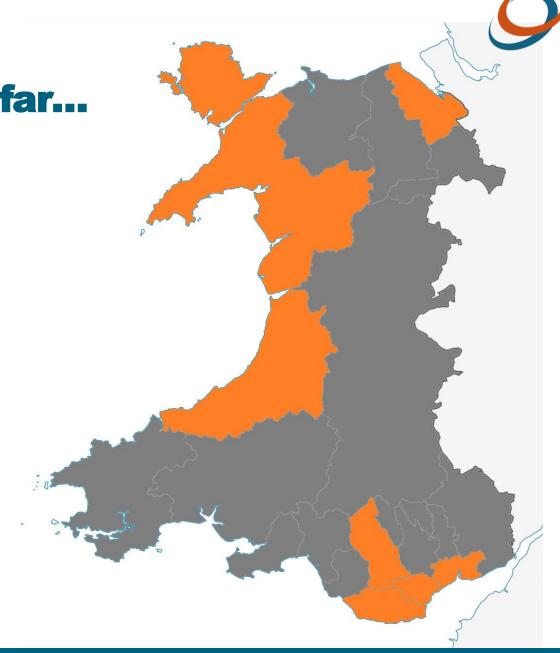


Between 2004 and 2007, the annual 'Living in Wales' survey asked the same eight questions on people's attitudes towards their local neighbourhood and the people who lived there.

Mapping Welsh neighbourhood types
Author: Scott Orford

**Wales: Age-Friendly Progress so far...** 

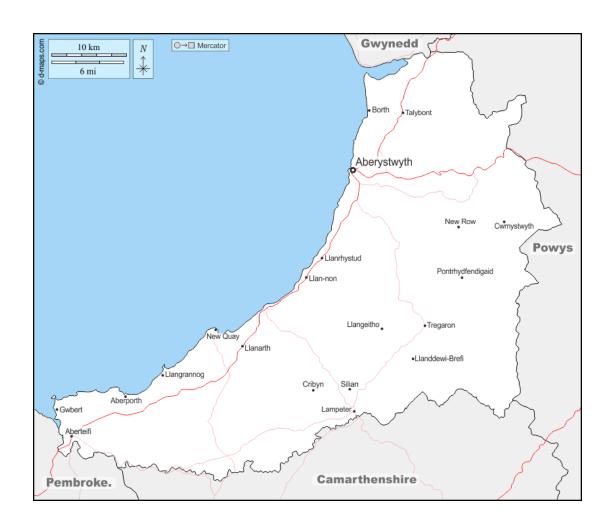
- All 22 Local Authorities funded centrally
- WHO Global Network of age-friendly cities and communities.
- Eight members from Wales so far, covering 1,073,200 citizens // 34.5% of Welsh population.
- Urban / Rural areas covered





### **Ceredigion: Age-Friendly Profile**

- Population 71,500, Area
   1,780 km² (40/km²)
- Largest settlements:
   Aberystwyth (15,935), Cardigan (4,184), Lampeter (2,970)
- Global Network Member since 2024





Aberaeron Harbour: Photo @ Roger D Kidd (cc-by-sa/2.0)



Aberystwyth: Photo © <u>Trevor Rickard</u> (cc-by-sa/2.0)

## **Ceredigion: Age-Friendly Organisation**

- Community venues, touring forums
- Multi-site access and directory

#### **AGE FRIENDLY CEREDIGION FORUM**

Thursday 28.11.24 2-4pm
Face to face at 3 locations

Residents lounge, Glascoed, Llandysul, SA44 4BL

Room 312, Canolfan Rheidol,
Aberystwyth
SY23 3UE

Penmorfa Independent Living Centre,
Aberaeron, SA46 OPA

Staff will be available to escort you to the meeting rooms

If you prefer to join the meeting online please contact us.



01545 574200



connecting@ceredigion.gov.uk







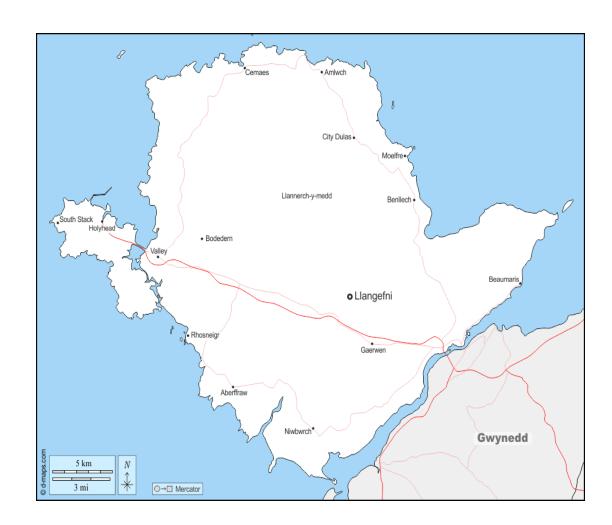


Dol-y-bont, Ceredigion: Photo @ Nigel Callaghan (cc-by-sa/2.0)



## **Anglesey: Age-Friendly Profile**

- Population 69,049, Area
   712km² (97/km²)
- Largest settlements: Holyhead (12,084), Llangefni (5,116), Amlwch (3,789)
- Tourism and farming economy





# **Anglesey: Age-Friendly Profile**



Gorlan, near Holyhead: Photo @ Roger Cornfoot (cc-by-sa/2.0)



Bodennog: Photo © Stephen Elwyn RODDICK (cc-by-sa/2.0)

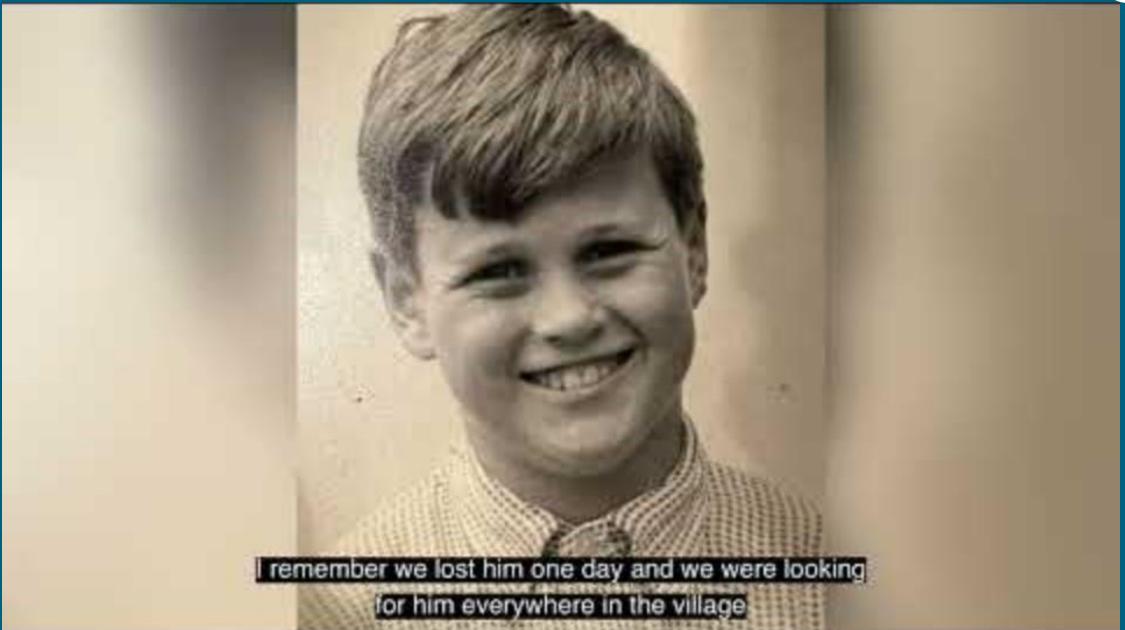
# **Anglesey: Age-Friendly Organisation**

- Community venues, touring forums
- Activity fund and directory









# Diolch // Thank you!

David.Mckinney@olderpeople.wales

www.comisiynyddph.cymru www.olderpeople.wales



Comisiynydd Pobl Hŷn Cymru Older People's Commissioner for Wales

### **Exercise**



- So today we are going to speak about death and dying well in age-friendly communities. It isn't always easy to enter a room with dying on the title of the session, because for some of us death is not something we want to think or talk about, or perhaps we don't feel we can. For some others of us, its not a choice. Maybe we can't stop thinking about it it is too close to home, we have had some difficult experiences, or we worry about what is happening in the world around us. Actually dying isn't theoretical its part of our social fabric.
- Nonetheless I want to thank you for coming and for making the choice to be here. Hopefully we will find together that talking about it will help us in some ways. I hope that between us we are going to show you are already on the right track to death positive communities. But thinking about dying can be emotional or even triggering. If anything we discuss today does make you feel emotional please feel free to leave the room without worrying what the rest of us might think. But please feel encouraged to stay and express or share your emotion if you need to it's a very natural part of life. We have tissues ready and after the session I am available to talk if you'd like that.
- OK? To help create dying friend communities and talk about dying well, we need to consider our own ability to consider and talk about life and death, because the two things are inextricably linked. So I'd like to start by asking you two simple questions to get us thinking about how to help people die well in age-friendly communities. Lets think about ourselves.
  - Can you name 3 things that create a good life
    Name 3 things that you think would create a good death
- I'm not going to ask you to share them I just want you to think about them.
- Do any of those domains cross over? Were some of them the same?



Dying well in age-friendly communities – what are the challenges and opportunities?

#### **Dr Mary Hodgson**

Director of Inclusion & Social Innovation, St Christopher's/ Visiting Associate, Marie Curie Department of Palliative Care Research, UCL



### What do (some) people think a good death looks like?



#### A good life/ a good death

- A loving or responsible connection to others
- Having friends and family around
- Being remembered
- Being valued for yourself, having your gifts recognised
- Choice and freedom ability to decide who to be and what treatment you have
- Limited interaction with formal systems
- Dignity
- Usually quiet and peaceful domestic surroundings

"I think a good life is where you're seen, where you're heard, where you're loved, the way you're cared for. And whether that's families, friends, or a community. And so, it's a difficult thing because I don't think it's based in health."

A good death is:
"a full life basically, that's important."

"little pain, in comfortable surroundings, at home or somewhere very close to that, and with the people I love the most."

### But what are the challenges with dying today?



Over-medicalisation – death is considered a medical event, not a natural part of life – but we all die – need a more social response

We may also see an event which overwhelms systems like COVID-19

Social Determinants of health continue to have impact as you die, when you die and how- having major impact on life expectancy and experience

The treatment paradox – simultaneously more people are overtreated at risk to wellbeing but more people are undertreated and dying without the support they need

Lower level of death literacy — that is knowledge about death, where to find support and how to navigate it that would help people have a better experience

### Challenging context of support for dying today



Unequal access and provision – postcode lottery

Low level of resources for end of life care and palliative care — only healthcare system funded by communities

Health and deathcare which is not as culturally competent as it should be

More people dying in hospitals than is their preference / 000 influencing experience

### Dying is changing – how does that impact our oldest old?

The Lancet Commission on the Value of Dying, 2022:



|   | Before 1950   | 1950  | 2019  |
|---|---|---|---|
| Level of medical technology   | Low   | Increasing  | High and increasing   |
| Detection of terminal disease   | Poor  | Improving   | High  |
| Definition of death   | Simple  | Still simple  | Complex   |
| Deaths from acute disease<br>(mostly rapid)   | High  | Still high  | Low   |
| Deaths from injuries (mostly rapid)   | High  | Still high  | Lower   |
| Deaths from chronic disease (mostly slow)   | Low   | Increasing  | The majority  |
| Length of dying   | Short   | Still mostly short  | Long  |
| Passivity in response to a person<br>dying  | Common  | Decreasing  | Gone in western medicine  |
| Involvement of doctors in dying   | Low   | Increasing  | High  |
| Number of doctors in UK per<br>100 000 people   | Fewer than 26   | 26  | 280   |
| Familiarity with death among the population   | High  | Still high  | Low   |
| Activities to manage death<br>(death awareness campaigns,<br>advance care planning, assisted<br>dying, etc) | Low   | Low   | High  |
| Community involvement in death and dying  | High  | Falling   | Low   |
| Meaning in death and dying  | Mostly supplied<br>through faith and<br>faith organisations | Faith and faith<br>organisations still<br>have an important<br>role | Inadequately supplied by<br>multiple organisations,<br>including the health<br>system |
| Table 3: The changing nature of death and dying (adapted from Lofland)                                      |   |   |   |

Ageing? Increase in life expectancy and treatment means people are dying much later in life

- Increasing complexity dying at 85 is very different to dying at 65 -85 dementia, multi-morbidity, and frailty are more common in those over 85.
- Dementia is now the leading cause of death overall for women and for men older than 80 years in the UK
- Multi-morbidities require improved infrastructure to provide specialist support
- Rapidly ageing society means there will be far greater pressure on care services within ten years – are you prepared?

#### Added implications

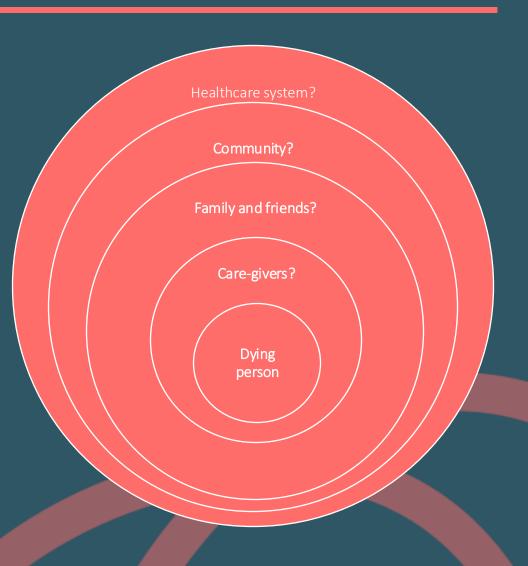
- Social determinants of health deepen complexity, conditions such as frailty have social influence
- Availability of informal caregiving is more at risk for the oldest old much older people may be less likely to have family relationships or caregivers are themselves older and less likely to be in good health
- Risks to older caregivers' own health from caring
- Financial burden of paying for care for a long time

#### How can we support dying friendly communities?



#### Death is part of life, lets talk about it

- **Connect people** the risk of social isolation and the impact of social isolation on symptom burden increases for people with life-shortening conditions
- **Volunteer to spend time** with people with life limiting conditions improving quality of life is possible
- **Don't assume healthcare is enough** for anyone. 95% of someone's time is spent without healthcare support in most cases that means only 5% of time is supported
- Support and don't forget informal carers they contribute care worth the annual NHS budget and care has big health implications for them
- Pay attention to bereavement how people die stays in the mind of the living, with health implications
- Perceive dying as about society and its ability to support not just an individual — create opportunities for people to contemplate and speak about it
- Connect with your local death system to learn more



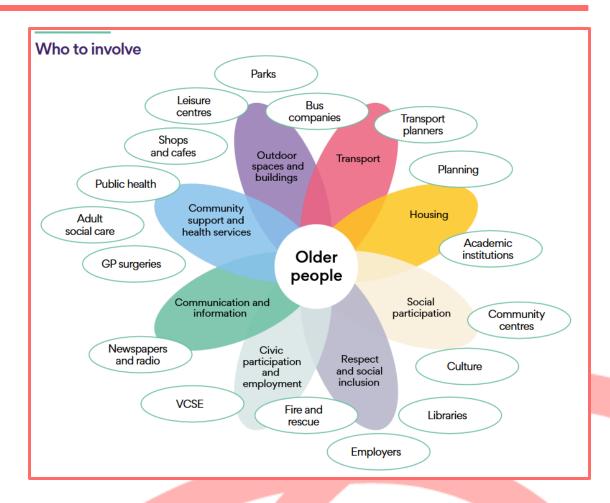
### What can you (we) do?



Age-friendly domains also influence dying well

#### Specific areas of inclusion and recognition to suggest

- Improved local partnership with death system to create effective links to specialist support
- Improved training for health and social care professionals
- Improved carer/ death/ bereavement-aware policies in housing & employment
- Signpost/ create opportunities for improved death literacy in civic spaces (knowledge, skills and acceptance)
- Compassionate places? Anyone should be prepared to hold important conversations about planning and wishes
- Support for carers respite and packages of care
- Support from community encourage volunteering
- +Bereavement support
- Rehabilitative approach people can set goals for themselves until, during and for after they die



Source: Age Friendly Communities: a handbook of principles to guide local policy and action — mapping tool

#### A community where we accept that death is really part of life might...



Create awareness and better information on what dying looks like for the public

Better information on supportive infrastructures for all health and social care professionals

Support carers to stay well – backbone of the system

Dying-friendly policies for all (not just those dying) e.g. NOK rules, queer family, bereavement

Support peer support in libraries and safe spaces to talk about dying - as well as traumatic experience

Mobilise communities to support others – encourage volunteering and relationships

See care homes as part of life and community fabric

Talk to people about what they want – advance care planning starts early

Create space for memorialisation, rituals, legacy work

Continue to seek out and support inclusion in civic participation – user involvement, feedback, etc

Think about your deathconfident people – how can they help? E.g. funeral directors Think about deathexperienced people – what has it taught them about what could be better? And so much more – just ask and your community will probably have a go

Get the kids involved! We find young people have a healthy interest in dying and supporting older people

Work with your local hospice to create support pathways

Create spaces for cultural exchange to develop and grow culturally safe-r spaces

Compassionate
Communities – what does
it take to go from agefriendly to compassionfriendly? (not a lot)

### An example: Compassionate Neighbours



- Relationship building between people who are socially isolated and living with a life – limiting condition
- Focused on capacity sharing and is strengths based - enables community members to use their own life skills to support others
- Focused on reciprocity death literacy effect volunteers learn about death system, meaning they are better prepared
- Volunteers do experience loss and learn about it

   some relationships last years, others a few
   months
- Volunteers' own age range wide currently 16-92 years old
- We are encouraging people to volunteer if they live with a life-limiting condition.





#### What does it take to be a Compassionate Neighbour?



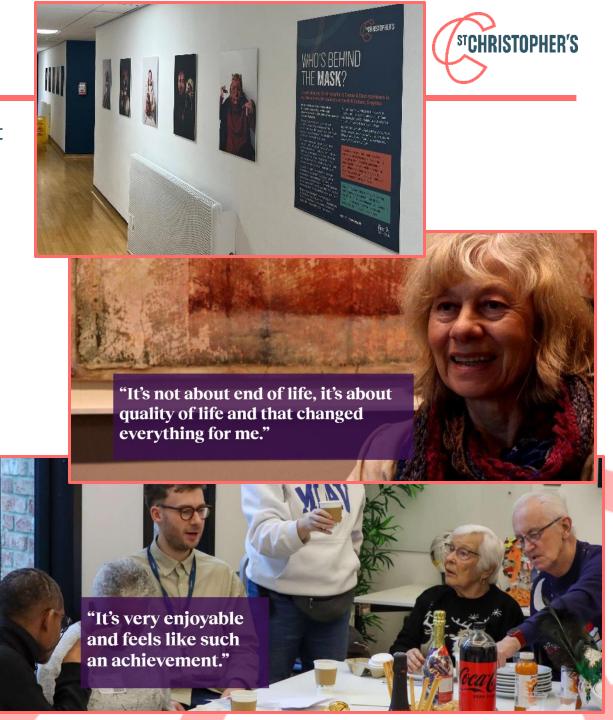
- What does it take for one person to support someone towards the end of life?
- Pretty much the same as it takes to support them in their life
- Listening skills
- Sense of compassion for others
- Confident or at least willing to talk or listen to most things
- Some curiosity about some of the feelings and thoughts a person who is approaching the end of their life might be experiencing
- Ability to think through a solution e.g. fetch medication, help create a legacy project
- At times, confident to raise an alert regarding someone's wellbeing

### An example: Create and Chat

- For people living with life limiting conditions
- Peer Group every week
- Opportunity to get involved in creative projects that help them explore through art and creativity their feelings about wellness, illness, death and dying – as well as loss
- E.g. Create memories and legacy projects – one example is monuments to themselves
- Helps people see themselves as a source of joy and inspiration

#### Example of a recent project

- Collaboration with students at the Brit School to showcase an exhibition and project the group decided on showing our inner selves
- Celebration event
- Masks and photography





### Thank you

For any more information please contact M.hodgson@stchristophers.org.uk













### The Croydon Death Literacy Network

- community engagement



### **About the project**

Working to improve end of life experience by exchanging knowledge and creating the skills and confidence to be a death-literate community

#### **Features:**

- Aims to capacity build and to capacity share our ability to deal effectively with dying
- Community mobilisation supporting volunteering and events
- Significant local working with VCSE, education & wider health system
- For everyone, and all end of life, but with focus on tackling inequalities and improving access and opportunity to health equity
- Working in one of the most diverse communities in UK living with significant health inequalities and IMDs

#### What we do

- Create free to access support
- Facilitate lots of engagement events
- Knowledge exchange that is culturally humble no assumption that hospice knows everything but has a lot to learn
- Training and skills development all ages



### **Examples: tender conversations**

#### In the context, death is recognised as part of life

 Croydon community has sought help with bereavement and understanding loss

#### **Compassionate Chats**

- Circle sessions exploring aspects of death and loss from participants' perspectives
- The facilitator holds the space but supports people to share
- Doesn't assume death new to participants and makes space for loss
- Specifically targeted to existing groups

#### **Bereavement Help Points**

- Free-to-access drop in group sessions run in community spaces to help bereaved people
- Facilitated by local volunteers
- Often hosted in libraries



What is a tender conversation? Concept from Dr Kathryn Mannix: A tender conversation is a conversation focused on listening well, that might be a bit tender to have but is important (as in, ouch). Doesn't just have to be about dying but can help with a lot.



### Thank you for your time

For more information or to be in contact m.Hodgson@stchristophers.org.uk

Mary Smith Hodgson @LinkedIn













# How compassionate communities are being created in Northern Ireland

Sharon Williams Project Manager

Thursday, 27 March 2025





# Outline



1. Why we do what we do

2. What we do

3. Where and with who



# Why we do what we do

# Our Mission



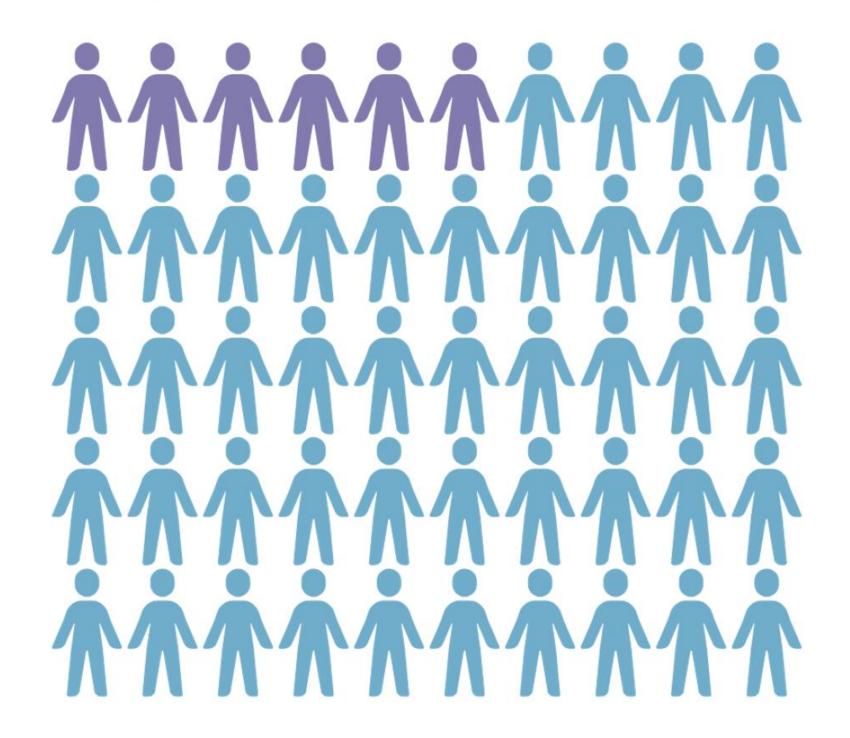
To help us to live as well as possible until the end of our lives by improving the experiences of dying, death and bereavement.

People impacted by advanced illness and frailty, includes caregivers and people living with bereavement.



# Importance of Community

95% Rule



## Northern Ireland Context



2024

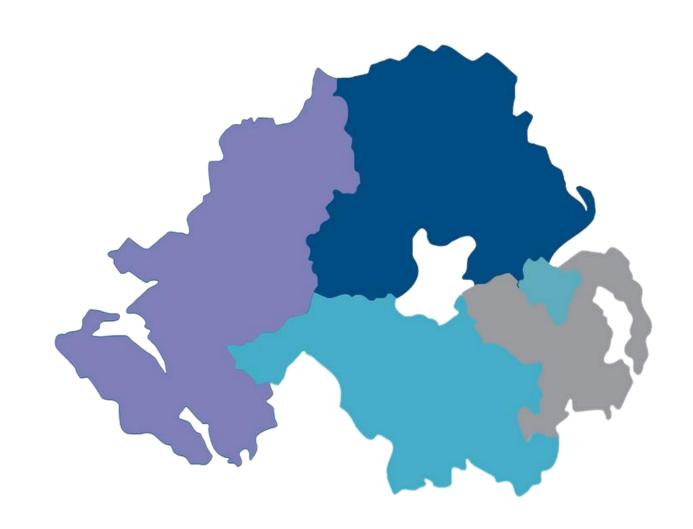
Population 1,903,100

Deaths 19,031

Benefit from palliative care 14,273

**Bereaved 190,310** 

30% increase for Palliative Care by 2040





## What we do

# Compassionate Infrastructure 35



**Education & awareness** 

Improved death literacy

Increase death preparedness

Community capacity and resilience



Helping us all to live well until the very end of life

# Programmes

- 1. Compassionate in Action
- 2. Plan Ahead
- 3. Conversations that Matter







#### **Compassion in Action**

A community-driven initiative aimed at promoting well-being and resilience through acts of compassion.







**Compassionate Conversations** 

**Compassionate Grief** 

**Compassionate Carers** 







**Final Chapters** 

**Compassionate Neighbours** 

For more info, please contact info@compassionatecomunitiesni.com or 07590354365

Scan this with your phone camera or visit the link below >>











Visit compassionatecommunitiesni.com/our-programmes

# Compassion in Action



### Workshops

- Compassionate Conversations
- Compassionate Grief
- Compassionate Carers
- Compassionate Neighbours
- Final Chapters

### Community Spotlight





# Plan Ahead

### PERSONAL - CLINICAL - LEGAL - FINANCIA

- Explore the benefits of planning ahead
- Why we need to plan for our future
- What does planning for your future look like for you
- What matters to you
- Where to start



# Conversations that Matter



### Normalising conversations around death and dying



**Death Positive Libraries** 



Before I Die Wall





### Where and with who

# Awareness Campaigns



3 principal campaigns in the awareness calendar:

- Plan Ahead Day
- Dying Matters Week
- Palliative Care Week



# Collaboration



Together we are better







# Community and public spaces



- Galleries
- Theatres
- Community halls/centres
- Civic buildings







# Educational Resources



### Meet the Experts

An introduction to the of health and social care professionals that people are likely to meet during their palliative care and end of life care journey.





















#### RESOURCES





Thinking about and planning for future care needs so that if we are unable to communicate those caring for us know what we want.

View Resources



#### PALLIATIVE CARE

Understand what is meant by palliative care and end of life care', and the difference between them. Includes useful information about the range of health and social care professionals who deliver palliative care services and the support they





#### END OF LIFE CARE

End of life care is intended to enable people to live as well as possible until they die, and to die with dignity.

View Resources









## What have we learnt?



Advocating for a 'good death' takes:

- Collaboration
- Courage
- Creativity

This applies to all of us!



# Thank you for listening!

www.compassionatecommunitiesni.com

sharon@compassionatecommunitesni.com

# Getting started with working with older people in your age-friendly community

# Jennie Shrewsbury Good Practice Mentors



## Please take a seat anywhere you like

Choose a postcard from the table that best represents how you feel today.

Introduce yourself to the people on your table (names only, not your job title)

Tell them why you chose that postcard and ask them the question on the back.



## The importance of setting the scene

- We start our sessions with an activity that encourages everyone in the room to take part
- Research tells us that the sooner people talk in a session, the more likely they are to continue engaging as we continue
- By using something creative, and unrelated to roles within the room, everyone is introduced at the same 'level'
- An image-based activity requires limited verbal ability so is perfect for those who are less confident, have English as a second language or who are non-verbal for other reasons



## Today's session

Introduce a range of different co-production models and principles and reflect on how these apply to our work

Consider the benefits of using co-production, and the barriers and enablers we experience

Consider how power sharing is key to co-production and we can start changing power dynamics

Consider who is missing from your conversations and how to build on existing work to create links with your communities









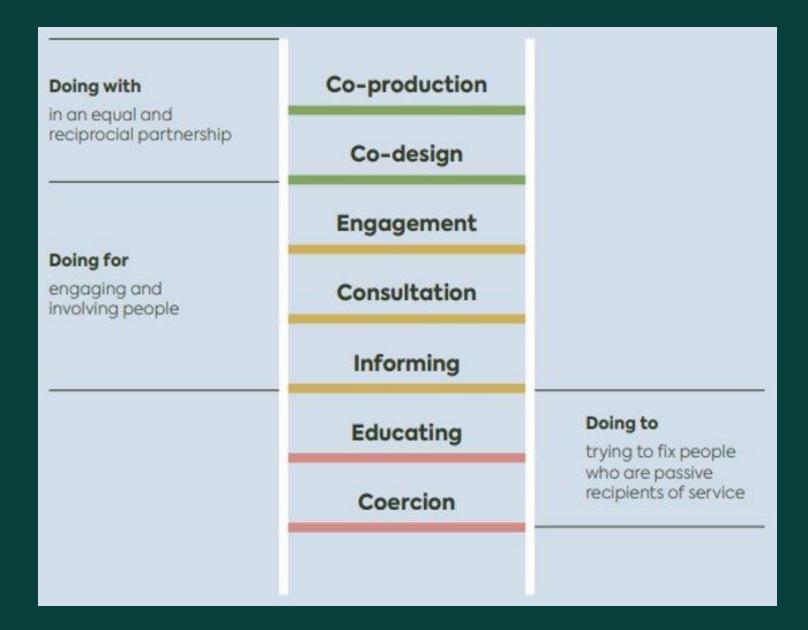
# What does co-production mean to you?



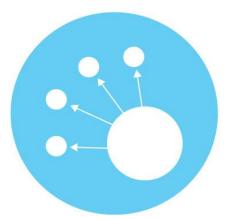
1 minute

# Here are a few examples from us...

## It's all about involving people & how we do that...

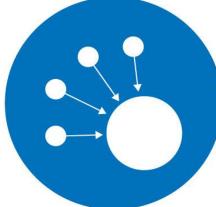


## DEGREE OF DIFFICULTY + PUBLIC IMPACT



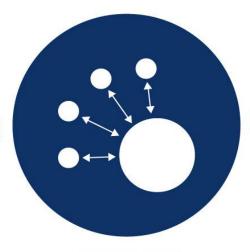
#### **INFORM**

provide balanced, objective info that the public should know and act on



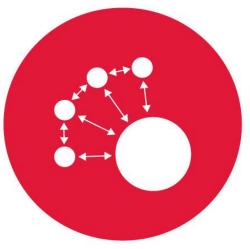
#### **CONSULT**

obtain and consider feedback or input on issues, ideas and decisions



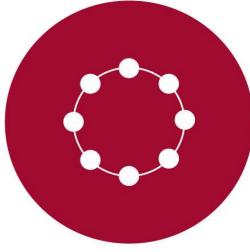
#### INVOLVE

work with the public to understand issues and problems + include them in identifying options for moving forward



#### **COLLABORATE**

partner with the public, seeking advice and innovations that become embedded as much as possible in decisions



#### **EMPOWER**

final decisions are made by the public, who are one of the players implementing those decisions

## The spectrum of involvement

## Putting people at the centre and including them in different ways..



### Co-production is...

"The term co-production refers to a way of working where service providers and users work together to reach a collective outcome.

The approach is value driven and builds on the principle that those who are affected by a service are best placed to help design it."

Mind



## Co-production is...

Designed to build on people's existing capabilities-To seek out what they can do not just define people by what needs fixing

Reciprocal relationships between professionals and clients, or services and communities

Encouraging mutual support networks among users to take over once professional help moves on (Which it almost always does)

Blurring distinction between professionals and service users

Recognising users as assets to the services

(David Boyle, 2011)



## The Principles

- Equality: everyone has something to offer and is given an opportunity to contribute. No group or individual has more influence than another.
- ➤ **Diversity:** ethnic minorities, communication abilities, people who need more support, people with different experiences, people who are unaffiliated to support
- > Accessibility: physical, information & comms, time, jargon free
- Reciprocal: financial, creating something together, skills development, building confidence and personal value



### To discuss on your tables...

What are the benefits of using coproduction?

For:

Our Communities
Professionals (Us!)
Services/the wider system

Where do you think you are on your participation journey? Doing To, Doing For, or Doing With?



### Co-production Doing with in an equal and reciprocial partnership Co-design Engagement Doing for engaging and Consultation involving people Informing Doing to Educating trying to fix people who are passive recipients of service Coercion

- None of these are the wrong approach - find the best fit
- If you already know where you're ending up, it's probably not co-production
- But, Informing, consultation and engagement can still be guided by co-production principles
- Be honest about which one it is and use that to your advantage
- Not every stage of a journey must fall in the same part of the ladder
- Which bits will be fixed and which will be flexible?

What are the factors that support or enable your current co-production work?

What are the factors that get in the way of your co-production work?

What stops your community from getting involved in your coproduction work?



# Creating space for co-production



## **Power sharing**

How have you felt when power has been taken away from you?

What are the signs (subtle or not subtle) of holding on to power?

What do you do already to share power with your communities?



## Creating space for power sharing

- Removing power dynamics is the space neutral and welcoming? Has everyone got the same 'permission'?
- Challenging yourself How do you feel not being 'in control'? Are there any subtle signs of power in the space?
- Confidence building Spend time setting the scene and creating group cohesion. People are more likely to speak later if they talk early on. Removing the 'social risk' of being the 'different' voice
- Recognising people's strengths What roles can people take on to help them feel valued?



## Leadership

Provides all the structure, and ensures decisions and actions are assigned

Makes final decision alone and without including others

Takes away all the actions to do themselves

Withholds certain information they see as not relevant or not possible to be shared with everyone involved

### **Facilitation**

"Guide on the side", not the "sage on the stage"

Fostering collaboration, asking questions, and ensuring all voices are heard

Nurtures creative discussions, encourages exploration of ideas, and guides towards consensus or decisions

Take a more 'neutral' approach to decision making



## **Closing the Loop**

- Co-production is a process of building trust with the people involved
- This should be part of the co-production journey <u>throughout</u>
- To maintain trust, we must communicate outcomes of the process, good <u>and</u> bad
- If we don't close the loop, we damage trust and relationships
- How might we might close the loop? verbally, in writing, visually, next steps, future actions/plans...

Finding and reaching the people we don't hear from



## Who do you want to meet and what's stopping you?

- Who are your seldom heard voices?
- What stops them from engaging with you?
- What are your barriers to engaging them?



### Who should be in the room?

- Who are the 'gatekeepers' to different communities? How can you use these relationships to access more diverse voices?
- Don't reinvent the wheel what already exists that you can join?
  How can you use existing groups or spaces to share your message or invite voices into your conversation?
- Are you the right person to be having the conversation? Consider the importance of people seeing themselves reflected in the conversation
- Where are you having these conversations? Consider how comfortable people feel in different spaces. Do they come to you, or do you go to them?

## Using Outreach approaches to find people in the community

- Proactive finding & meeting people out in the community by going to the spaces & places people are
- Systematic finds & engages everyone including the people 'no-one knows'
- Removes many of the barriers to engagement
- Responsive, interactive, informal, light touch approach enables engagement with people reluctant to access formal services.
- Puts information into the hands of people who aren't contemplating or looking to joining activities.
- Includes street outreach, door knocking and popup acivities



#### **A GPM Case Study**

- > ASC Commissioning team in a large geographical area (urban, rural, coastal)
- ➤ All staff were invited to take part in co-production training, ensuring that everyone was starting out on the journey with the same knowledge
- Created a 'co-production development group': representation from lived experience community members, family and carers, VCSE organisations and council staff
- > Monthly hybrid meetings
- > Co-designed a Terms of Reference, core principles of how they work together and a shared definition of co-production
- > Developed a 'co-production framework' to be applied to every new piece of work



## Over to you...

What's the key thing you will take away from today's session?

What change might you want to prioritise in your work with the community?

Would you change your definition of coproduction?

## **Questions?**

To find out more:

j.Shrewsbury@syha.co.uk

gpm@syha.co.uk

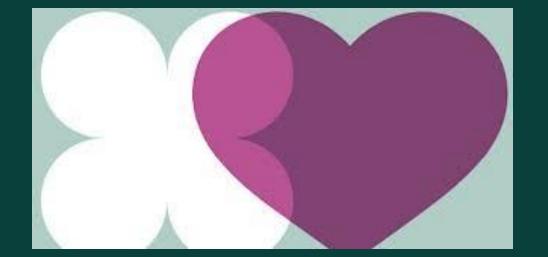
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## Taking Your Co-production Work to the Next Level

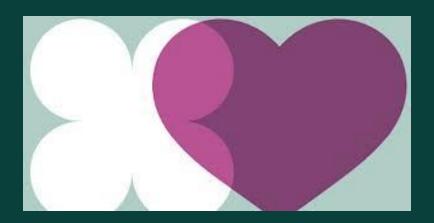
Jennie Shrewsbury Good Practice Mentors



## **Today's Session**

- Reflecting on your journey so far
- How do you already include community voice in your work?
- > Considering the impact of jargon and language on our engagement with the community
- ➤ Introducing the Co-production from the Heart Model and using it to create a shared language
- > Trying out simple group voting techniques

# What are your best hopes for today's session?



Where are you on your journey so far?



| Doing with<br>in an equal and<br>reciprocial partnership | Co-production |   |
|--|---------------|---|
|  | Co-design     |   |
| Doing for engaging and involving people                  | Engagement    |   |
|  | Consultation  |   |
|  | Informing     |   |
|  | Educating     | Doing to trying to fix people who are passive recipients of service |
|  | Coercion      |   |
|  |               |   |

What do you already do to involve the voices of your community?

What different methods or structures do you use?

How do you encourage diverse and seldom heard voices to speak up?

## The Impact of Language



### What Difference does Jargon Make?

What impact does jargon have on us?
On the people we work with in the
community?

How can we cut through the jargon to make our co-production more accessible?

- There is a risk we all start our journey from different places
- We don't have collective understanding of what we're doing and trying to achieve
- People feel confused and stupid they have no idea what we're talking about
- It creates further power imbalance and creates an 'us' and 'them' dynamic
- It stops people from trusting us because we aren't talking like them

# The risks of using jargon (From our experience)



# Jargon we hear in the world of 'co-pro'

Co-production spaces are often just as guilty at using jargon. Some examples we see frequently;

- Stakeholders
- Peer support
- System change
- Commissioning boards
- Governance

At its core, co-production is about people coming together to find a shared solution, "a meeting of hearts and minds".

Co-production language and its different elements can make it seem more complicated than it really is

Glossary - Co-production in commissioning tool -Think Local Act Personal

### **Co-production from the Heart**

- The model was created during the Ageing Better programme, with older people in the community, and Ageing Better delivery partners
- Re-defined what the principles of co-production meant to the people involved in the project
- Enabled everyone to work together to create a shared understanding, principles and values – a collective language



## The Co-production from the Heart Model

Reframing the definition/statement
 (describing in simple and shared language)

2. Saying what it means to us (key value statements)

3. What difference will this make/action it may lead to (desired impact/outcome)

### Example: Recognising people as assets

#### 1. Reframing (our understanding)

This means tapping into older people's skills and experiences, this is how our projects, services & activities develop, flourish and grow

#### 2. Key statements (our values)

Combining people's knowledge and expertise
Valuing everyone's opinions
Appreciating everyone's experience
Nurturing people's wisdom and listening to their stories

#### 3. Summarising statement (our action)

Older people have so much to show us and tell us. They are the experts in terms of what's needed so let's make that happen!



The coproduction from the heart model

# Let's create our own collective language



#### On your tables, develop a group definition of Co-production

#### 1. What is your shared simple definition of 'co-production'?

This could be single words, or phrases

#### 2. What does this mean to you?

Key values and behaviours

#### 3. What difference will this make/action it may lead to

What is your desired outcome or what actions will you take to implement your definition

#### **Dot Voting**

Place a sticker next to your favourite or preferred option within each of the three stages

Let's share our group definitions of co-production!



# Using the Model in Practice

- This model is taken from the Ageing Better Programme and created in collaboration with participants
- Using the full 3 step process allows you to align your work to this evidence-based approach
- The model can also be used to influence your practice in different ways
- Either the full process, or quick fire rewriting can help you create you 'shared language'
- Over the next few slides, we'll share some examples of how GPM have supported organisations to use this for real

#### **Co-production Principles**



#### **Co-production Principles**



#### **Age Friendly Domains**

Outdoor Spaces and Buildings: Being able to access outdoor spaces and public buildings is important for a person's mobility, independence and quality of life Toilets! plentiful, accessible, open to all,

Places to rest

Going out

Feeling safe

Places that are close to home or easy to get to The places we go

a family feeling - a place to gather and have a chat

Feeling welcome and at home in that space Points of safety Being able to go out means you feel welcome in your local community

welcoming

Feeling welcome - to go in in the first place - to stay and take part

Knowing who I can ask for help if I get lost or need support

I want to go out, meet people and talk and feel safe

Knowing support is there if you need it health and wellbeing

getting around on your own

Needing to feel like I won't fall

#### **Age Friendly Domains**

Civic participation and employment:
Age-friendly
Communities provide options for people in later life to continue to contribute to their communities.

paid and non paid work and

volunteering

opportunities

Accessible jobs and workplaces

Giving back

Feeling valued

Age Friendly means enabling people to be involved in their local community

Providing opportunities for younger and older people to get together

I want to help my neighbours and friends Older people who want to work, can work and are equal

Recognising and welcoming people's skills and knowledge

- Adult social care team in a large geographical area (urban, rural, coastal)
- > All staff members were invited to take part in coproduction training, ensuring that everyone was starting out on the journey with the same knowledge
- Created a 'co-production development group': representation from lived experience community members, family and carers, VCSE organisations and council staff
- Monthly hybrid meetings
- > Co-designed a Terms of Reference, core principles of how they work together and a shared definition of coproduction
- > Developed a 'co-production framework' to be applied to every new piece of work



How could this model help you in your engagement work with the community?



### **Questions?**

To find out more:

j.Shrewsbury@syha.co.uk

gpm@syha.co.uk

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# Becoming an Age-friendly Leader

**Paul McGarry**, Assistant Director Public Service Reform and Head of the GM Ageing Hub, GMCA











# The importance of age-friendly leadership

- Successful age-friendly work always has one or more people responsible for driving it otherwise, it can become 'everyone's business, but no-one's responsibility'
- Good leaders will develop a clear narrative, or story, of ageing in their place which both professionals and older residents find relatable, responsible, and realistic
- This can unite people working across systems and living in a place around a shared purpose and cultivate collaboration, accountability, and responsibility at all levels
- Ageing is something that reaches into almost all local priorities from health, to housing, to employment, to the design of public spaces, and increasingly economic and environmental progress and age-friendly leadership can bring together multidisciplinary teams to bring this overlap into focus. E.g. GM's Housing, Planning and Ageing Group; Greener Later Lives Working Group; Work & Skills Partnership Group.

### Where should age-friendly leadership come from?

- Professionals with the ability to act on and influence the breadth of age-friendly domains. This can be in the public or VCFSE sectors.
- People able to access cross-sectoral platforms and network with a wide group of stakeholders
- Formal and informal networks of older people, and people with lived experience of agerelated issues
- Political commitment is essential to strengthen local focus on the agenda

# Challenges

- **Ageing is multifaceted** every area and every person is ageing differently, and the areas places need to act on are as unique and varied as their populations.
- Ageism and stereotyping can mean that people with the ability to influence domains either do
  not see the connection between their area of work and ageing, or do not want to take action
- Raising the voice of older people is crucial, but it can be challenging to ensure this is
  representative of the diversity of people 50+ in your place. It can take more time and work to
  create spaces where people who aren't used to feeling heard, or are less familiar with civic
  engagement, can get involved on their own terms.
- Like other significant global trends, demographic ageing can seem too overwhelming to engage with, and people can result to doomerism or burying their heads in the sand failing to see the opportunities it brings.

# Skills and ways of working

- Building relationships and convening people establishing sustainable networks, and giving older people a sense of ownership of the work
- Convince people of the benefits of age-friendly work, on areas such an inequalities, the economy, and making places better for residents of all ages. Use case studies of impact from other regions to make the case GM has several such as pension top-up, falls prevention, the ageing in place pathfinder, age-friendly developments, and more, which you can read about in our *Building an age-friendly city region* report.
- Be ready to seize opportunities avenues for change may come around suddenly, or your agenda may come back into fashion, so be adaptable and responsive
- Successful programmes do not consider age-friendly domains in isolation, but consider the range of domains and their intersections, again meaning that many people need to be brought on side
- **Be smart with your efforts and focus** while still considering how work can be holistic, prioritise initiatives you know will be impactful and emblematic especially those that can be grown and spread



Mapping your community's age-friendliness

**Bianca Rossetti** 

**March 2025** 



# Workshop structure

- Introduction to the age-friendly handbook and mapping tool
- 2 Choose your domain for the exercise
- Mapping stakeholders, voice, and what's working well in your place
- 4 Identifying opportunities

Centre for Ageing Better 2

# Age-friendly Handbook

Go-to guide for places to understand why and how to be age-friendly

A 35-page guide that explains the importance of age-friendly features across each of the WHO eight domains

Told through evidence-backed summaries of the **need**, **key stats**, a list of **policy principles**, and **practice examples** from across the UK

**Quotes** from Experts by Experience

References and further reading

Ideal for sharing with colleagues and professional contacts as a simple explainer of what age-friendly means in practice.



**Centre for Ageing Better** 

1

# Mapping tool

#### A template to apply the handbook in your place

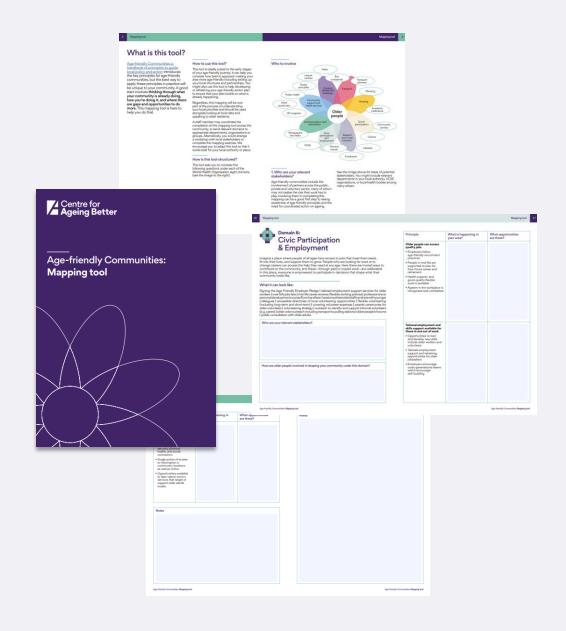
Simplifies a key part of the age-friendly process – identifying where your place is already at, what your priorities are, and speaking to local older people

Provides lists of **examples** of what features you might map or identify as an action

**Prompts** for noting relevant stakeholders, how older people are involved, and assets and opportunities aligned with the policy principles



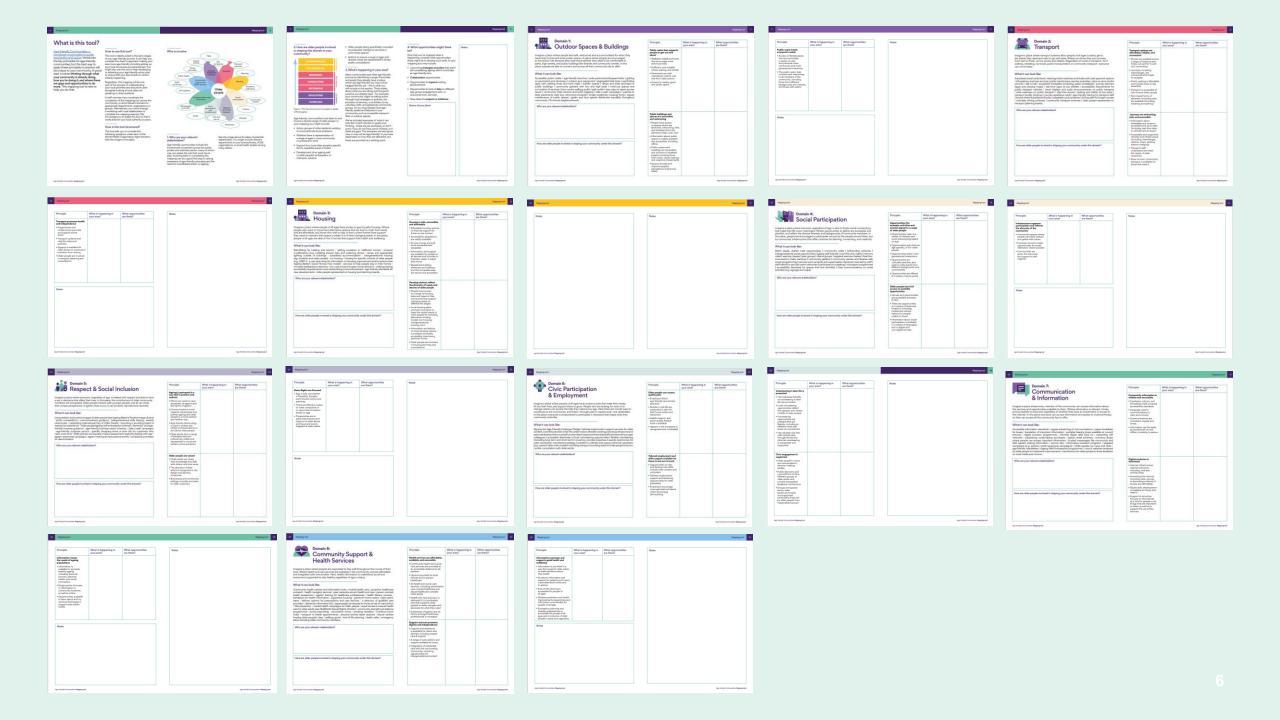
Can be printed and filled in, or edited directly in the PDF





- Ideal for use early in your age-friendly journey or when refreshing age-friendly partnerships, action planning, or if you are starting some new work in a particular domain
- Read the policy handbook first, and use alongside
   local data and speaking to older residents
- Identify someone to coordinate the mapping exercise,
   either sending domains to relevant partners, or
   arranging a workshop session with stakeholders

Centre for Ageing Better 5





# Domain 1: Outdoor Spaces & Buildings

Imagine a place where people feel safe, welcomed and accommodated for when they leave their homes and enter public spaces. A place where people are encouraged to live active lives because they have the amenities they need to be comfortable in parks, high streets, and public buildings like libraries and community centres. In this place, people are able to connect and access all their community has to offer.

#### What it can look like:

Accessible public toilets | age-friendly benches | wide pavements/dropped kerbs | gritting on pavements and driveways | outdoor gym equipment | segregated bike lanes | wayfinding signs with walking times and local maps | bulletin boards | ramps and wide doorways in public buildings | community gardens with low and high beds | multi-use spaces and co-location of services | town centre walking audits | park audits | easy ways to report access issues | community toilet scheme and toilet mapping | 'take a seat' campaigns | policies to keep pavements clear (e.g. removing a-boards) | longer pedestrian crossing times | regular maintenance of public spaces | green and blue spaces distributed equitably throughout community | 15-minute neighbourhoods.

Centre for Ageing Better 7

## Choose a domain to focus on

Menti.com Enter code 2616 3901





# Who are your relevant stakeholders?



This includes partners across the <u>public</u>, <u>private</u>, <u>and voluntary</u>, <u>community</u>, <u>faith and social enterprise sectors</u>. Many may not realise the role they should – or already do – play in making your place age-friendly, and the mapping exercise can be a good way to prompt a coordinated response

# How are older people involved?

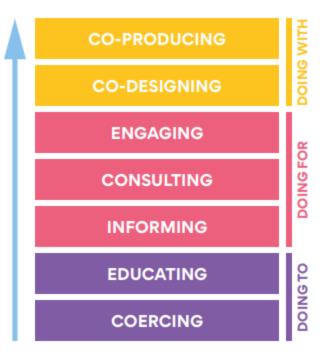


Figure 1: The New Economics Foundation Ladder of Participation

Consider how you are involving a diverse range of older residents in your age-friendly work. This might mean **action groups** on particular issues; **older people's forums, boards, or panels**; positive action on **consultations** on changes; or age-friendly **champion or ambassador schemes**.

# What's happening in your area?

What assets and activities are there in your area that are in line with the policy principes but not currently badged as 'age-friendly'?

#### What are you doing?

#### What else already exists?

This could mean:

- Current strategies or policies
- Services or activities
- Physical features or assets

We've provided a list of around 20 examples of 'what it can look like' for each domain to get you started - these are not exhaustive!

# What opportunities are there?



Upcoming strategies and plans that could take an age-friendly lens



**Collaboration** opportunities



Opportunities to **expand** existing good practice



Opportunities to look at **data** on how services work for different age groups



New ideas for projects or initiatives



Understanding the impact

of your Age-friendly

Community

**Charlotte Lewis - Senior Programme Manager (Localities)** 





- Measuring impact hard but necessary!
- Particular challenge around systems
   change and overall impact
- Local and national challenge so
   Centre for Ageing Better commissioned
   an Impact Report
- Impact report gives us a framework of impacts
- Just one way to think about it!

Centre for Ageing Better 2

# Today's session

- 14:20 The impacts of age-friendly communities on local systems
- 14:35 Individual reflection what systems impacts are you already seeing in your area?
- 14:45 Table and group sharing
- 15:00 The impact of age-friendly communities on older people
- 15:10 Final discussions
- 15:20 Close



| 1 | Expanding older people's access to and use of local spaces                      |
|---|---|
| 2 | Expanding older people's access to support and services                         |
| 3 | Increasing older people's connections to and inclusion in society               |
| 4 | Enhancing older people's voice, representation and inclusion in decision-making |
| 5 | Improving older people's health and wellbeing                                   |

Creating partnerships that drive local action and build in efficiencies Supporting evidence-informed decision-making **Embedding and enabling a preventive** way of working **Enabling meaningful co-production** in policymaking Changing policies, mindsets and language The Age-friendly Communities approach encourages organisations in local areas to work together, changing and adapting their **local systems** in ways that improve outcomes of older people across a range of areas with five core impacts.

#### A definition of systems change

Confronting root causes of issues (rather than symptoms) by transforming structures, customs, mindsets, power dynamics and policies, by strengthening collective power through the active collaboration of diverse people and organisations

# 1) Creating partnerships that drive local action and build in efficiencies



#### What does this mean?

Developing and strengthening partnerships to drive action for priority areas, enable efficient use of resources and avoid duplication.



#### **Examples**

- Creating an age-friendly steering group, working group or network
- Brokering connections between people and organisations on the ageing agenda
- Resultant actions taken to use resources more effectively

#### **Case study**

brought together in their AFN realised providing overlapping community transport services. Adapted ways of working and expanded both services

# 2) Supporting evidence-informed decision-making



#### What does this mean?

Gathering and considering local context and national learning to allow evidence-based decision-making and prioritisation.



#### **Examples**

- Creating a baseline assessment and using it to choose priorities
- Adopting learning or practices from UK or global age-friendly Networks

#### **Case study**

- Sheffield age-friendly section in council equality impact assessment's to be completed for all decision-making and spending
- **Greater Manchester** publishing two age-friendly strategies and action plans, in 2018 and 2024, with a statistical and research report alongside each one

# 3) Enabling meaningful co-production in policy-making



#### What does this mean?

Developing strong mechanisms for engagement and co-production to meet the needs of older people.

#### **Examples**

- Creating an older person's forum
- Older residents giving feedback on council plans
- Creating an ageing well ambassadors programme

#### **Case study**

- Manchester's older people's board shaping content and form of new AFM strategy- e.g. 5 years not 10 years
- Kirklees upskilling older people as community researchers to understand needs in creation of places to gather



# 4) Changing policies, mindsets, and language



#### What does this mean?

Generating understanding of ageing that changes mindsets and language, and encourages integration of ageing in all policies.

#### **Examples**

- Naming age-friendly in variety of local strategies
- Using age-friendly language and images in communications
- Having a politician act as older person's champion

#### **Case study**

 Newcastle's creative projects e.g. Doorbells Dreaming of the Future. a performance based on older people's experiences of housing, was showcased to local leaders and residents.



# 5) Embedding and enabling a preventative way of working



#### What does this mean?

Encouraging activities that directly and indirectly support prevention, in a lifecourse approach.

#### **Examples**

- Falls prevention/ strength and balance initiatives,
- Community based health initiatives
- Prioritising work on variety of domains e.g. social participation, age-friendly employment and volunteering

#### **Case study**

Sunderland's multiweek strength and balance programme.
 Participants are encouraged to stay afterwards to discuss their needs, receive advice on issues and form social connections





| 1 | Expanding older people's access to and use of local spaces                      |
|---|---|
| 2 | Expanding older people's access to support and services                         |
| 3 | Increasing older people's connections to and inclusion in society               |
| 4 | Enhancing older people's voice, representation and inclusion in decision-making |
| 5 | Improving older people's health and wellbeing                                   |

# Exercise (20 mins)

## How are you realising this impact in your community? (10 mins)

- What are you putting in place to contribute to this impact? (e.g. setting up an age-friendly network, training on ageism)
- OR what difference these things have made (e.g. services not duplicating through network collaboration, removal of "elderly" from council policies and comms)

How are others realising this impact? (10 mins)





| 1 | Expanding older people's access to and use of local spaces                      |
|---|---|
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| 5 | Improving older people's health and wellbeing                                   |

The Age-friendly Communities approach creates and supports a wide range of benefits and impacts for older people and their communities, ensuring everyone can age well

### Impact framework can:

- 1) Communicate impacts more clearly across the community
- 2) Show how **systems impacts** are **contributing** to impacts for older people

| 1 | Expanding older people's access to and use of local spaces                      |
|---|---|
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| 5 | Improving older people's health and wellbeing                                   |

# 1) Expanding older people's access to and use of local spaces



#### What does this mean?

Making local spaces more accessible and improving independence through access to transport, outdoor spaces and buildings.

#### **Examples**

- Walking audits contributing to improvements in parks, open spaces and town centres
- Community transport initiatives and coordination

### **Case study**

 Barnsley's Take a Seat Campaign, worked with older residents to plan location for 26 new beaches and seats



# 2) Expanding older people's access to support and services



#### What does this mean?

Helping improve design of, and communication around, local services to improve accessibility and better meet older people's needs.



#### **Examples**

- Digitial support being available as well as offline options
- Financial inclusion work e.g. targeted pension credit update campaigns
- Communication initiatives like age-friendly newsletters

### Case study

 Newham's Our Newham Money Service- changes to delivery (paper, telephone and drop in), led to 80% increase in no. of people age 50+ supported

# 3) Increasing older people's connections to and inclusion in society



Encouraging activities that improve social participation and inclusion, increasing intergenerational and cross-cultural connections.

## **Examples**

- Activities to mark International Day of Older People
- Intergenerational social activities
- Creative workshops and opportunities for older people

### Case study

 Salford's offer of weekly phone calls for people referred from social prescribing resulted in local resident, Diane, joining her local Tech and Tea session and two volunteering roles



# 4) Increasing older people's voice, representation, and inclusion in decision-making



#### What does this mean?

Creating mechanisms to enhance representation and inclusion of older people in decision-making to shape public life.

#### **Examples**

- Democratic engagement activities- targeted register to vote campaigns
- Age-friendly ambassadors representing community in media and in decision-making forum

### Case study

 Greater Manchester's Mayoral Hustings held by Older People's Network



# 5) Improving older people's health and wellbeing



Developing opportunities and activities that support the health and wellbeing of older people

#### **Examples**

- Nutrition and hydration information programmes
- Walking groups
- Health MOTs

#### Case study

 Middlesbrough's sensory drop in clinics for people with sight or hearing loss.







| 1 | Expanding older people's access to and use of local spaces                      |
|---|---|
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Creating partnerships that drive local action and build in efficiencies



Supporting evidence-informed decision-making



**Embedding and enabling a preventive** way of working



**Enabling meaningful co-production** in policymaking



Changing policies, mindsets and language



Accessible and targeted communications, e.g. older people's media and radio



Housing options information and guidance



Walkability initiatives in town centres and parks



Age-friendly and ageism awareness training



Social activities, e.g. LGBTQ meet-ups and creative workshops

# Final discussion (10 mins)

How are system impacts contributing to impacts for older people in your community?

 If early stage, how might you set up your systems change work to ultimately have an impact on older people?

